Week 4 Activity Acknowledgement Form

I, [student name], acknowledge the requirement for an in-person observation in Week 5. I have reviewed the specific requirements for this observation, as outlined in the Week 5 discussion prompt.

**The details for my observation are as follows:**

Scheduled date and time for observation:

Location for observation:

Name of Group being observed:

I consent that the above information is true and to the best of my knowledge at this time.

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Signature of Student Date