NAME: _____

P-FIT: PRACTICE TEACHING LOG

Print out as many copies as you need. Remember, only 3 hours out of the 20 hours required can be on Zoom. Fill in all columns.

DATE	LIVE (L) OR ZOOM (Z)	CLASS *(which one and which level)*, POSTURES, OR BREATHING	WHO IS THE PARTICIPANT?	TOTAL HOURS
TOTAL PRACTICE TEACHING HOURS				

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