



**Brain Injury Association of Florida, Inc.  
Walking Buddies Project**

**Log Sheet Training Instructions:**

Please print these log and signature sheets and take them with you to each appointment. Every week you will need to fill out the Date, Start Time, End Time, Location (facility), Number of Steps (according to pedometer), and any comments on the first page. This information must be sent to the “Intern Specialist” via email, fax or hard copy every week no later than Sunday at midnight to receive credit for the walk and meeting.

Additionally, the signature sheet must be signed by you, the senior participant, and the facility or site manager each week. Failure to get all the signatures will result in an incomplete file. All signature and log sheets will be given to the Intern Specialist at your final wrap up meeting.

By completing this information, I am stating that I understand and will comply with the training instructions given.

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

University: \_\_\_\_\_

Email: \_\_\_\_\_

Questions or Concerns regarding the log sheet training instructions:

\_\_\_\_\_



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**LOG SHEET**

	<b>Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Location (Facility)</b>	<b>#Pedometer Steps</b>	<b>Comments</b>
<b>Week 1</b>						
<b>Week 2</b>						
<b>Week 3</b>						
<b>Week 4</b>						
<b>Week 5</b>						
<b>Week 6</b>						
<b>Week 7</b>						
<b>Week 8</b>						
<b>Week 9</b>						
<b>Week 10</b>						
<b>Week 11</b>						
<b>Week 12</b>						



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**LOG SIGNATURES** (Must be signed after each weekly walk)

	<b>Student Walker</b>	<b>Senior Walker</b>	<b>Facility Site Manager</b>
<b>Week 1 Date:</b>			
<b>Week 2 Date:</b>			
<b>Week 3 Date:</b>			
<b>Week 4 Date:</b>			
<b>Week 5 Date:</b>			
<b>Week 6 Date:</b>			
<b>Week 7 Date:</b>			
<b>Week 8 Date:</b>			
<b>Week 9 Date:</b>			
<b>Week 10 Date:</b>			
<b>Week 11 Date:</b>			
<b>Week 12: Date:</b>			