On Campus Community Service Log

Student name: _____ Teacher of Record: _____

Supervising Staff: _____School Month: 1 2 3 4 5 6 7 8 9

Date	Hours	Activity	Supervisor's Signature

- ☐ Student was punctual
- ☐ Student displayed effort
- ☐ Student was professional

Additional Comments:

Total hours: _____ Total credits recommending: _____