SERVICE-LEARNING **STUDENT LOG**

STUDENT'S NAME:

SCHOOL:

NAME OF AGENCY/PROJECT/CLUB/ORGANIZATION:

CURRENT GRADE LEVEL:

SCHOOL YEAR:

GRADUATION YEAR:

STUDENT'S ID#:

NOTE:

You must have submitted the Pre-Approval Form to the Character Development Office and must have received approval in writing in order for your service-learning hours to count towards the GCS Service-Learning Diploma and Awards Program.

Date	Activity/Task Performed	Total Hours Worked (by full hour)	Contact Person's Signature

Total hours documented on this page: ____

Reflection completed?

Yes _____ No ___

Note: Student, please maintain this original log for your records. The Service-Learning Provider will maintain a copy of this log for the district's records.