COMMUNITY SERVICE LOG

YEAR 2024-2025

NAME:	STUDENT #:	COUNSELOR:	GRADE:

DATE	PLACE	START TIME	END TIME	DURATION	ACTIVITY	VERIFIED BY	PHONE

PARENT SIGNATURE:	STUDENT SIGNATURE:	TOTAL HOURS:

SIGNATURE OF MONITORING COMMUNITY INSTRUCTOR (IF APPLICABLE)	9 WEEK GRADING PERIOD (CIRCLE) 1 2 3 4