**SERVICE-LEARNING STUDENT LOG** 

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| --- | --- |
| **Student Name** |  |
| **ID#** |  |
| **School** |  |
| **School Counselor** |  |

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| --- | --- | --- | --- | --- | --- |
| **Current Grade** |  | **School Year** |  | **Graduation Year** |  |

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| --- | --- | --- | --- |
| **Date** | **Name of Agency/**  **Activity / Task Performed** | **Total Hours Worked (by the half hour)** | **Contact Person’s**  **Signature** |
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| --- | --- |
| **Total Number of Hours EARNED** |  |

**Students: Please retain a copy of this form for your records**.