COMMUNITY SERVICE LOG (not for use by 10th graders) YEAR 2023-2024									
NAME:	STUDENT #:				COUNSELOR:			GRADE:	
DATE	PLACE	START TIME	END TIME	DURATION	A	CTIVITY	VERIFIED BY	PHONE	
PARENT SIGNATURE:				DENT SIGNATUR	E:		TOTAL HOURS:		
SIGNATURE OF MONITORING COMMUNITY INSTRUCTOR (IF APPLICABLE)						9 WEEK GRADING PERIOD (CIRCLE) 1 2 3 4			