Service Learning Log

Date:	# of Hours	Task:	Initials of Contact:	

To be completed by Supervisor/Contact Person:

- Is the description of the basic skills demonstrated while performing this service, as stated by the student, accurate? YES _____ NO _____
- Did the student perform successfully in his/her service? YES _____ NO_____

Signature: _____ Date: _____

RETURN THIS FORM TO YOUR SCHOOL COUNSELOR

For Office Use Only:

Approved by: _____

Date recorded in SASI: _____