

# Service-Learning Log

Student Name \_\_\_\_\_

Student Phone \_\_\_\_\_

Student Email \_\_\_\_\_

Organization Name	Supervisor Name
Supervisor Phone	Supervisor Email

Date	Description of Service	Weekly Hours Total	Supervisor/Partner Comments	Authorized Signature

I agree that the above record represents an accurate record of the service performed by this student in connection with the service-learning specified above.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_