

Guilford County Schools
SERVICE-LEARNING STUDENT LOG

Student Name: _____

Student ID#: _____

School: _____

Name of Agency/Project/Club/Organization: _____

Name of Contact Person: _____

Phone #: _____

Current Grade Level: _____

School Year: _____

Graduation Year: _____

NOTE:

You must have submitted the Approval Form to the Character Development Office and must have received approval in writing in order for your service-learning hours to count towards the GCS Service-Learning Diploma and Awards Program.

Date	Activity / Task Performed	Total Hours Worked (by full hour)	Contact Person's Initials

Total hours documented on this page: _____

Reflection completed? Yes ____ No ____

Contact Person's Signature: _____

Date: _____