

Mrs. Jennifer Strawderman, Principal

Mr. Chad Williams, Assistant Principal

Experiential Learning

Student Activity Log

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is s suggested that students verify their experiential learning hours using this “activity log” and the “monthly time sheet.”

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| **Date** | **# Hours**  **Worked** | **Activities/Work**  **Performed** | **Signature of Supervisor**  **(if necessary)** |
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Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **# Hours**  **Worked** | **Activities/Work**  **Performed** | **Signature of Supervisor**  **(if necessary)** |
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