



SERVICE LEARNING LOG

(To be filled out by the Candidate)

Organization: _____ Address: _____
 Semester Year: _____ Course #: _____
 Candidate Signature: _____
 Supervisor's Name: _____
 Supervisor's Signature: _____
 Supervisor's Phone #: _____

	Candidate Signature	Supervisor's Initials	Date	Time In	Time Out	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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19						
20						
21						
22						
23						
24						
25						

Total Number of Hours Completed for this Practicum _____
