

Student Time and Activity Log

Student Name: _____ Semester: _____ Student ID#: _____

Agency/Activity Site: _____ Supervisor Name: _____

Supervisor Title: _____ Supervisor Phone/Email: _____

Students must fill out a separate Time and Activity Log for each agency site they receive hours

Time	Total Number of Hours	Activity Description	Supervisor Signature
Date: _____ From: _____ To: _____		_____ _____ _____ _____	
Date: _____ From: _____ To: _____		_____ _____ _____ _____	
Date: _____ From: _____ To: _____		_____ _____ _____ _____	
Date: _____ From: _____ To: _____		_____ _____ _____ _____	
Date: _____ From: _____ To: _____		_____ _____ _____ _____	
Date: _____ From: _____ To: _____		_____ _____ _____ _____	

TOTAL HOURS: _____