



# LBUSD STUDENT COMMUNITY/SERVICE LEARNING LOG

Please turn in a separate log for every project. (Class project hours may be turned in by the teacher.)

Student Name \_\_\_\_\_ High School \_\_\_\_\_ Graduating Class of 20 \_\_\_\_\_

Student ID \_\_\_\_\_ Period 3 Teacher \_\_\_\_\_ Period 3 Room number \_\_\_\_\_

Agency/Project/Service Performed \_\_\_\_\_

Address of Agency \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**You must complete all information, total the hours and complete the questions below to receive credit!**  
 (Training / Orientation / Preparation hours count!) *Please keep a copy for your records!*

| Date<br>Month/Day/Year | Service Activities<br>Performed | Supervisor's<br>Printed Name | Supervisor's<br>Signature | Supervisor's<br>Phone | Daily<br>Hours |
|------------------------|---------------------------------|------------------------------|---------------------------|-----------------------|----------------|
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |
|                        |                                 |                              |                           | ( )                   |                |

(Round all minutes to the nearest ½ hour and report as .5 only)

**TOTAL HOURS** \_\_\_\_\_

**Post Service Reflection:** *(Complete answers on the back if needed)*

1. Choose three words that best describe your Service Learning/Community Service experience.
  
2. How did the Service Learning/Community Service experience teach you about potential careers?
  
3. How did your service help others?

Official Use Only  
Date Received \_\_\_\_\_