

CAS/Service Learning EXPERIENCE LOG SHEET

Name: _____ Grade: _____

CAS/CSL Experience: _____

Date	Hours Completed	Description of Experience/Comment

As this student's supervisor, I verify that the above logged events and times are correct, and that the student has completed the number of hours indicated below for this activity.

Hours Completed: _____

Supervisor Name (printed): _____

Supervisor Signature: _____