**Student Service Log**

**Student Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hours | Date | Describe the Service Activity | Name and Phone Number of Supervisor | Supervisor Signature |
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**Total Hours: \_\_\_\_\_\_\_\_\_\_**

*In signing below, both the student and parent are verifying that the service hours were completed according to the standards and guidelines established by the IB Prep program.*

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**