

IB PREPARATORY COMMUNITY SERVICE LOG

Remember: **All** sections of this form must be filled out or no credit will be given for your hours.

Student Name: _____ Grade: _____

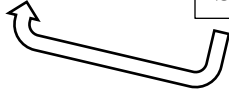
Activity: _____

Organization: _____ Date of Activity: _____

Number of Hours: Creativity _____ Action _____ Service _____

Total _____

Supervisor Initials **REQUIRED** _____ to verify total of hours.



Activity Supervisor's Evaluation

To be completed by activity supervisor only. No parents or relatives, please.

<i>Performance Criteria</i>	<i>Outstanding</i>	<i>Good</i>	<i>Average</i>	<i>Needs Improvement</i>
<i>Attendance, punctuality, time spent on activity</i>				
<i>Evidence of initiative, planning, organization, and reliability</i>				
<i>Effort and commitment</i>				
<i>Development of skills and values associated with the activity</i>				

Name of Supervisor: _____

Contact Number: _____ Contact E-Mail: _____

Comments: _____

Signature: _____ Date: _____

Activity Log

If you are in a sport, play, music lessons, dance lessons, or another activity that meets multiple dates and times, you must keep a log of activities to track separate times and calculate credit.

Example Log: Baseball

Date	Practice or Game?	Hours	Credit
<i>8/15/12</i>	<i>Practice</i>	<i>4</i>	<i>4</i>
<i>8/18/12</i>	<i>Practice</i>	<i>3</i>	<i>3</i>
<i>8/20/12</i>	<i>Game</i>	<i>3</i>	<i>3</i>
		Total Hours: 10	Total Credit: 10

**If your log is not accompanied by a team schedule for practices & games, your hours will not count. If you do not have a team schedule for practices or games, your coach may provide that information in a letter addressed to Mrs. Mayer (include the coach's contact information) & attach it to the log.

