



F.C. Program Student Service Log

Date: _____

Student Name: _____ Grade: _____

Student ID: _____ Campus: _____

Service Provided:

- | | |
|---|----------------------------------|
| ___ Monthly Visit with student | ___ Assisted with Application |
| ___ Referral from nurse for dental /Vision/ Immunizations | ___ Home Visit |
| ___ Assisted with Financial Aid Application | ___ Reviewed grades with student |
| ___ Reviewed Attendance with student | ___ School Counselor Services |
| ___ Social Service (clothing, food bank, Project Bravo, Operation School Bell, Project Noel, Etc.) | |
| ___ Tutoring <input type="checkbox"/> once a week <input type="checkbox"/> twice a week <input type="checkbox"/> all week | ___ Meeting with parent |
| ___ Other: _____ | |

Comments :

Parent Signature / Date

Student Signature / Date

School Personnel / Date

FOR OFFICE USE ONLY

___ Referral to PRS ___ Referral to outside agency ___ Referral to school counselor