Student Name:_____

O.P.T.I.O.N.S. Weekly Time Log

Day	<u>Date</u>	<u>Hours</u>	<u>Mentor</u> <u>Signature</u>
Monday		: to:	
Tuesday		: to:	
Wednesday		: to:	
Thursday		: to:	
Friday		: to:	
Saturday		: to:	
Sunday		: to:	

Total Weekly Hours:_____

Parent's Signature:

(This signature is necessary, instead of mentor's, only if zero hours were completed for this week.)