Atlantic IB Community Service Log Sheet

Student's Name: _____ Class of: _____

Supervisor: _____ Activity: _____

Activity	Date	Time Involved	Verification (Supervisor's initials)

Supervisor Evaluation: It is to the best of my knowledge that the candidate has completed this form with honesty. My comments below and my signature is verification that the candidate has completed the number of hours listed and has been punctual and responsible in his/her duties.

Punctuality and attendance: _____

Effort and commitment: _____

Further comments: _____

Total Hours: _____ Supervisor's signature: _____