**LCMA IB MYP Community Service Log Sheet**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_ Grade: \_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Service** | **Start Time** | **End Time** | **Hours to be Entered\*** | **Agency Name** | **Supervisor Signature & Title**(Agency supervisor must verify, by signing, volunteer hours each time service is completed.) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Hours:**(Added up by the student) |  | \* Hours must be listed by whole or half hour increments. |

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_

To be completed by Supervisor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Fair | Poor |
| Attitude toward others |  |  |  |  |
| Attitude toward work |  |  |  |  |
| Cooperation |  |  |  |  |
| Dependability |  |  |  |  |
| Judgment |  |  |  |  |
| Willingness to take direction |  |  |  |  |
| Responsibility |  |  |  |  |
| Attendance |  |  |  |  |
| Punctuality |  |  |  |  |
| Comments:  |