

Name of Student: _____ Course: _____

Name of School Site:					
Name of Principal:					
Host Teacher(s):					
Subject/Grade:		Semester:		Year:	
Outside Classroom experiences	Date/Week	Hours	Tasks Performed (see codes); Name Location		Authorized Signature
	Time: in/out				
SBDM School Board Meeting					
Youth Service Ctr Family Resource Centers					
School-based PD Professional Learning Communities					
Parent teacher conference ARC meetings					
Boys and girls Clubs YMCA after School Program ESS					
Bellarmino Assessment Clinic					
Assisting teachers In school activities					

_____ (Total Number of Hours)
 My signature indicates that the information above is true and accurate to the best of my knowledge.

 Student signature

 Date

 Bellarmine Professor

 Date