



OFF CAMPUS STUDENT WEEKLY ACTIVITY LOG

Student: _____ Placement: _____

Note to Student: Write a brief description of the types of activities you worked at during the day, complete the day and times, and when this page is complete, have your supervisor sign it. This log is to be signed and submitted to your Off Campus Coordinator on the first school day of the following week.

DATE:	Hours Worked:			Tasks/Activities Performed:
	From:	To:	Total:	
MONDAY:				1. _____ 2. _____ 3. _____
TUESDAY:				1. _____ 2. _____ 3. _____
WEDNESDAY:				1. _____ 2. _____ 3. _____
THURSDAY:				1. _____ 2. _____ 3. _____
FRIDAY:				1. _____ 2. _____ 3. _____
SATURDAY:				1. _____ 2. _____ 3. _____
SUNDAY:				1. _____ 2. _____ 3. _____

Hours from Previous Log: _____ Total Hours This Week: _____ Total Hours to Date: _____

Supervisor's Comments: _____

Please rate the student's overall performance for this week: Excellent: _____ Very Good: _____ Satisfactory: _____ Unsatisfactory: _____

Supervisor's Signature: _____ Student's Signature: _____