SERVICE LEARNING TIME SHEET
Chicago Public Schools
GAGE PARK HIGH SCHOOL

Name: _____ Student I.D. #:

_____

Home Phone: _____Home Address:

_____

Zip Code: _____

School: _____ Division #:

_____

Site/Project Name:

_____

Sponsoring Teacher: _____ Approved Project: Yes / No

Date	Time In	Time Out	Total Hours	Teacher/Supervisor Signature

Total hours on this sheet: _____ **Reflection sheet received**: Yes /No

Received: _____ Date: _____
Service Learning Coach Signature

Please return this sheet to the Service Learning Coach.
No hours without reflection.