

HSU Student Time Log

Student Name _____ Semester: _____ Year: _____ Instructor: _____

Community Organization/Learning Site Name: _____

Address _____ Phone: _____

Academic Internship or Service Learning Placement Beginning Date: _____ Ending Date: _____

| Date | Time In | Time Out | Hours | Activities |
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| Total Hours to Date: | | | | |

Site-Supervisor Feedback: *(Please rate the student on a scale of 1-6. 1 = Strongly Disagree, 6 = Strongly Agree)*

The student:

- | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|
| 1. Is consistent and reliable: | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Participates actively: | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Makes a meaningful contribution: | 1 | 2 | 3 | 4 | 5 | 6 |

Student Signature: _____ **Date:** _____

Site Supervisor Signature: _____ **Date:** _____

Course Instructor Signature: _____ **Date:** _____