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
		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: _____