

OFF CAMPUS STUDENT WEEKLY ACTIVITY LOG

Learning for life. Together.

This form must be completed **weekly** by the Student, signed off by the Supervisor,
and returned to the School Off Campus Teacher on the first school day of the following week.

A STUDENT INFORMATION	
Student	Student Job Title

B EMPLOYER INFORMATION	
Supervisor	Supervisor Position

C ACTIVITY LOG					
DAY	DATE	HOURS WORKED			TASKS/ACTIVITIES PERFORMED
		From	To	Total Hours	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

TOTAL HOURS FROM PREVIOUS LOG	
TOTAL HOURS THIS WEEK	
TOTAL HOURS TO DATE	

D WEEKLY ASSESSMENT

Please rate the student's overall performance this week by circling the description that is most appropriate.

5 – Excellent 4 – Very Good 3 – Satisfactory 2 – Needs Improvement 1 – Unsatisfactory

SUPERVISOR'S COMMENTS	
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DECLARATION	This activity log is true, fair and accurate.	
Student Signature		Date

Supervisor Signature

Date

