

Received: _____

Approved: _____

Entered in PS: _____

Initials: _____

Lake Region Union High School
Community Service - Project Documentation
In-School Organizations

Advisor:		Organization:	
Project Description & Goals:			
Date(s):			

Record of Hours

Student's Name	YOG	Hours	PS	Student's Name	YOG	Hours	PS

Reflection

Designated Person Taking Reflection:		Date:	
Students not Present:			
Key Takeaways:			

Advisor Signature

Date

LR CS Coordinator Signature

Date