



**Parkway School District
Tutoring/Mentoring/Community Service Handbook**

**TUTORING/MENTORING/COMMUNITY SERVICE/JOB
SHADOWING LOG & EVALUATION SHEET**

Student Name (first and last): _____

Graduation Year: _____

Student #: _____

TYPE OF ACTIVITY	DATE (mm/dd/yyyy)	TOTAL TIME LOGGED	SUPERVISOR'S PRINTED NAME AND SIGNATURE. PLEASE COMPLETE ONLINE EVALUATION AT http://tinyurl.com/aplusparkway	SUPERVISOR CONTACT INFO (E-MAIL AND PHONE)

*I understand that it is my responsibility to log my hours each time I volunteer, and turn in the logs to the A+ Coordinator. I also understand that I can be removed from the tutoring program should my attendance or behavior not meet with school policy and/or A+ Program requirements.

PLEASE TURN IN HOUR LOG FORM TO YOUR A+ COORDINATOR AFTER EXPERIENCE IS COMPLETE. ALL FORMS MUST BE TURNED IN BY MAY 1ST OF SENIOR YEAR.