**PAXON School for Advanced Studies**

**Community Service Log**

**(for IB juniors and seniors documenting community service hours earned for a CAS experience or project)**

**Printed** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_

***\_\_\_\_\_ Initial here to confirm that this is a CAS experience documented on ManageBac.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  **(mm/dd/yyyy)** | **Place** | **Start**  **Time** | **End**  **Time** | **Duration**  **(hours)** | **Activity** | **Verified by** |
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Make copies of this sheet as necessary to fill in your dates/hours

If the organization gives you a letter or print/out on letterhead listing the hours earned, please submit it with this form.

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Parent Signature Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Activity Supervisor’s Name Total Hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Supervisor Signature

**PAXON SCHOOL FOR ADVANCED STUDIES COUNSELOR’S USE ONLY:**

|  |  |  |
| --- | --- | --- |
| Activity: | Hours: | Counselor’s Initials:  Date: |

**Be sure to add your reflections/evidence for this CAS experience in ManageBac per the guidelines stated in the Paxon CAS Handbook (**[**http://paxonsas-ib.weebly.com/what-is-cas.html**](http://paxonsas-ib.weebly.com/what-is-cas.html)**)**