

# CLC Student Practicum Log/Parent Sign-Off Form

Date(s) Missed and Reason	Replacement Activity/Date	Hours Logged	
Sept. 15 (sick)	Personal Workout (Sept. 19)	2	
Oct. 2 & 3 (family trip)	Cycling (Oct. 5)	3	
<b>EXAMPLE</b>		Total Hours: <b><u>5</u></b>	Student Name:
			Parent Signature:

Date(s) Missed and Reason	Replacement Activity/Date	Hours Logged		
			<b>E x t r a  H o u r s</b>	
		Total Hours: _____		Student Name:
				Parent Signature:

