

IB MYP COMMUNITY SERVICE AND ACTION HOURS LOG

Name _____ Class of _____ School Year _____ Quarter _____ Total CS _____
 Phone _____ 2A Teacher / Room _____ / _____ Total Action _____

Activity Description	CS/A	Supervising Adult Signature	Date	Hours

**** Turn in a completed log form to Mrs. Rhodes at the end of each quarter.
KEEP A COPY FOR YOUR RECORDS as the original will not be returned to you. ****