Lead-Deadwood High School

Service Learning Log

Student Name_____ Graduation Year_____

Advisor_____

Date	Supervisor	Hrs. Completed	Supervisor Signature

Community Partner_____

Supervisor Name (Print)_____

Supervisor Signature _____

Student Signature _____

I hereby certify that the above service recorded are accurate and completed in a manner consistent with the intent of the Lead-Deadwood High School Service Learning Program.