Activity Log for Work Co-Op/OJT

kpbsd Connections

Student Name:	
Grade Level:	
Parent Name:	
Phone #:	
Current School Year:	
Date:	
Advisor:	

Parent Signature: _____ Advisor Signature: _____

½ Credit is equivalent to **180 hours of work**.
Please list date, activity, amount of time spent, and cumulative hours.

Date	Activity	Amount of Time	Cumulative Hours

Date	Activity	Amount of Time	Cumulative Hours