CAS LOG SHEET

Candidate Name: _____
Activity Title: _____
Beginning Date: _____End Date: _____
Adult Supervisor: _____
Supervisor Phone Number: _____

Directions: Take this form with you every time you will be working on your project. Complete all necessary information and have your supervisor sign off the hours. This must be turned in within 2 weeks of completing the activity.

Activity	Date	C	A	S	Total Hours	Supervisor Signature

Total Hours: Creativity = _____ Action = _____ Service=_____

****Remember no activity can count more than 25 hours****