RICHMOND HILL HIGH SCHOOL
WEEKLY LOG OF ORAL STUDENT REPORTS & JOURNAL ENTRIES

Student's Name: _____ Home phone: _____

Location of Community Service Activity: _____

On-Site Supervisor's Name: _____ Work phone: _____

Richmond Hill HS Supervising Teacher's Name: _____

TEACHER'S CHECK OFF FORM FOR ORAL REPORTS AND JOURNAL ENTRIES

DATE :	RICHMOND HILL SUPERVISING TEACHER'S COMMENTS ON STUDENT'S ORAL REPORTS AND JOURNAL ENTRIES