

Professional Learning Experience Work Log Record

(Required of all out-of-school PLE experiences to document school minutes for auditor)

Student Learner: _____ Pathway Link: _____

Date: _____ Location of Experience: _____

Complete and return to the school coordinator to indicate the work completed during the professional learning experience at the times indicated by the school coordinator.

DATE	LOCATION	TIME (from and to)	WORK COMPLETED

Additional Comments/Notes to School Coordinator/Suggested Improvements:

ADULT MENTOR VERIFICATION STATEMENT:

I attest this work was performed and accurately recorded.

Adult Mentor: _____ Date: _____