

ACTIVITY SIGN-IN SHEET

County: _____ School: _____ Mentor Name: _____

Title of event/activity: _____ Start time: _____ End time: _____

Limit one activity per sign-in sheet

Date: _____ How much time did each participant spend engaged in the activity? _____ hours and _____ minutes

Activity category: ☐ tutoring subject area: _____ ☐ rigorous academic curricula ☐ comprehensive mentoring ☐ financial aid counseling ☐ career exposure (job site visit/job shadowing)
☐ college exposure (college visit/college student shadowing) ☐ summer programs ☐ educational field trips ☐ workshops ☐ family/cultural events ☐ counseling/advising/academic planning/career counseling

Delivery type: ☐ in-person ☐ email ☐ phone ☐ text ☐ web-conferencing live ☐ web-conferencing recorded

Note: Please only include phone calls, texts and emails for which you had a two-way communication with the student/parent (for example a response to your email or a response to your text message).

WRITE NAME, GRADE AND WVEIS (LUNCH) # Only West Virginia GEAR UP students need to sign in. Students should indicate how many parents/guardians are attending with them.

Student name	Grade	WVEIS (lunch) #	# Parents/legal guardians <u>with you</u>		
Ex. Sarah Ann Doe	12th	901111234	☐ 0	☒ 1	☐ 2 or more
1. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
2. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
3. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
4. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
5. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
6. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
7. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
8. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
9. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
10. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
11. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
12. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
13. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
14. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
15. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more
16. _____	_____	_____	☐ 0	☐ 1	☐ 2 or more

SCRIBE data entry person: _____ SCRIBE data entry date: _____ Validated by initials: _____ Validated by date: _____

