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 <u>each participant</u> 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 <u>WVEIS (LUNCH) #</u> ***<u>Only</u>** West Virginia GEAR UP **<u>students</u>** 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:** _____