Arkansas School for the Deaf
Arkansas School for the Blind and Visually Impaired

COMMUNITY SERVICE TIMESHEET

Circle Yr: 2024/2025 2025/2026 2026/2027 2027/2028

Name of Organization	Project Description	Date	Hours Completed	Signature of Person in Charge

I verify that the information above is correct and true. **TOTAL HOURS COMPLETED:** _____

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent Name	Parent Signature	Date