COMMUNITY-BASED LEARNING TIME RECORD: Name _____
CBL Class _____

Date:	Time In:	Time Out:	Total Time:	Activities:	Reflections: (what I learned)

Name: _____ **Course**: _____

Date: _____ Agency: _____

Total hours served: _____ **Supervisor:** _____

_____ _____
Student's Signature date Agency Supervisor's Signature date

(RETURN THIS FORM TO YOUR PROFESSOR).