

# STUDENT WEEKLY LOG SHEET

Georgian Bay Community School  
 Technological Studies Department



Student Name: \_\_\_\_\_

<b>Monday</b>	On Time?    Yes / No	Self Evaluation Mark: 1 2 3 4 5 6 7 8 9 10	
	Work description for the period: _____		
	_____		
	_____		
Teacher's observation of your period: _____ /10		Your write up: _____ /10	

<b>Tuesday</b>	On Time?    Yes / No	Self Evaluation Mark: 1 2 3 4 5 6 7 8 9 10	
	Work description for the period: _____		
	_____		
	_____		
Teacher's observation of your period: _____ /10		Your write up: _____ /10	

<b>Wednesday</b>	On Time?    Yes / No	Self Evaluation Mark: 1 2 3 4 5 6 7 8 9 10	
	Work description for the period: _____		
	_____		
	_____		
Teacher's observation of your period: _____ /10		Your write up: _____ /10	

<b>Thursday</b>	On Time?    Yes / No	Self Evaluation Mark: 1 2 3 4 5 6 7 8 9 10	
	Work description for the period: _____		
	_____		
	_____		
Teacher's observation of your period: _____ /10		Your write up: _____ /10	

<b>Friday</b>	On Time?    Yes / No	Self Evaluation Mark: 1 2 3 4 5 6 7 8 9 10	
	Work description for the period: _____		
	_____		
	_____		
Teacher's observation of your period: _____ /10		Your write up: _____ /10	