Head Start Experience Log
Fall Semester, 2004
(To be completed by all students in PSYC 665)

Student's Name: _____

Date	Brief Description of Activity	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours:		_____