GEAR UP Services Sheet
School Year 2008-2009

One Activity Per Sheet

District		**Date**	
School		**Service Time**	
Service Name		**No. of hours**	

STUDENT SERVICES: ☐ Tutoring/Homework assistance/Academic enrichment ☐ Computer assisted lab ☐ Mentoring ☐ Counseling/Advising/Academic planning, Career counseling ☐ College Visit/College student shadowing ☐ Job site visit/ Job Shadow/Internship ☐ Summer Program ☐ Educational field trip ☐ Workshop ☐ Family event ☐ Cultural event ☐ Other: _____

PARENT SERVICES: ☐ Workshop on College preparation/Financial aid ☐ Counseling/Advising ☐ College visit ☐ Family event ☐ Other: _____

Service Participants PLEASE PRINT	Student Name or ID	In-Kind/Match Amount
	Total In-Kind:	

Instructions:

- Record service/activity details and participants. Use as sign-in sheet for the service or attach other sign-in sheet.
- In-kind calculations can be done after the event takes place.
- After entering the service information into the database, the entry person should date & initial below.
- File all documentation. Send to district office at end of the school year.

GEAR UP Coordinator name:				District Reviewer Initials:	
Data Entry Initials:		Data Entry Date:		NDE Reviewer Initials:	