Capital Academies & Pathways

ELK GROVE Unified School District

Summer Externship Log 2016

Teacher Name:	**School Site:**
Business Name:	

Date	Time In	Time Out	Hours	Description of activities for each day of the Externship.
TOTAL HOURS				

Teacher signature:	**Date:**
Host signature:	**Date:**

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Hours Pre-Approved: _____
District Funding Source:_____