Student Services Log

Use this form to document participation in GEAR UP Iowa activities. After form data is recorded in SCRIBE, retain this form as mandated by grant requirements. The form must be accurate and legible.

School & District:_____ Activity:_____ Month/Year:_____

Tutor / Mentor (first & last name)	Student (first & last name)	Date	Duration	Tutoring Subject(s) (if applicable)

GUI Event Coordinator Signature: _____ **Date:** _____

(Attach additional sheets as needed.)