



GEAR UP Idaho Service/Activity Documentation Form

Date:
School:
District:
Site Coordinator:

Please complete this form to document your GEAR UP activities and services. Form must be accompanied by a **sign in or attendance sheet** to document those who received the service. Indicate which category to which the service or activity corresponds.

Activity Description:

Duration in Hours:

Number of Participants:

Ongoing Activity: **If yes, How Often:**

**If this is an ongoing activity, attendance or sign-in sheets from all sessions must be attached.*

Services Provided to GEAR UP Students	
Academic Enrichment	
Tutoring/Homework Assistance	
Computer Assisted Lab	
Counseling/Advising/Academic Planning/Career Counseling	
College Visit/College Student Shadow	
Job Shadow/Job Site Visit	
Summer Programs	
Educational Field Trips	
Workshops	
Family Events	
Cultural Events	
Services Provided to GEAR UP Parents	
Workshops on College Preparation or financial aid	
Counseling/Advising	
Family Events	
Cultural Events	
Services Provided to GEAR UP Teachers	
GEAR UP Professional Development	

By signing this form, I hereby certify that the activities and services above were implemented on behalf of the GEAR UP Idaho program.

Site Coordinator Signature:

Date:
