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**P.A.L. Tracking Sheet**

(Peer Academic Leadership)

Quadmester  1  2  3  4

Period:  1  2

Peer Academic Leader:

Classroom Teacher:

Course:

*Track hours on an ongoing basis.*

*These hours will be verified by your classroom teacher. Please ensure they are accurate.*

|  |  |  |
| --- | --- | --- |
|  | **Dates** | **Hours** |
| Week 1 |  |  |
| Week 2 |  |  |
| Week 3 |  |  |
| Week 4 |  |  |
| Week 5 |  |  |
| Week 6 |  |  |
| Week 7 |  |  |
| Week 8 |  |  |
| Week 9 |  |  |
|  | **Total** |  |

*To submit hours, save this form and return it to Mr. Hodkinson at* [*darren.hodkinson@dcdsb.ca*](mailto:darren.hodkinson@dcdsb.ca)*.*