

# Academic Activity Log for virtual students

Name of Facility / Program: Oxford 358 Online

Name of Student \_\_\_\_\_

Date that activity was logged \_\_\_\_\_

Total on-site minutes \_\_\_\_\_ Total on-line minutes \_\_\_\_\_ Total off-line minutes \_\_\_\_\_

This activity log must be completed on two separate count days.

## ON-LINE VIRTUAL COURSES - Complete the following information

1. Course Name	Method of Time Spent	Total Minutes Spent
	<input type="checkbox"/> Time spent on Odysseyware Curriculum	
	<input type="checkbox"/> Time spent on supplemental on-line program	
	<input type="checkbox"/> Time spent off-line completing course requirements	
2. Course Name	Method of Time Spent	Total Minutes Spent
	<input type="checkbox"/> Time spent on Odysseyware Curriculum	
	<input type="checkbox"/> Time spent on supplemental on-line program	
	<input type="checkbox"/> Time spent off-line completing course requirements	
3. Course Name	Method of Time Spent	Total Minutes Spent
	<input type="checkbox"/> Time spent on Odysseyware Curriculum	
	<input type="checkbox"/> Time spent on supplemental on-line program	
	<input type="checkbox"/> Time spent off-line completing course requirements	
4. Course Name	Method of Time Spent	Total Minutes Spent
	<input type="checkbox"/> Time spent on Odysseyware Curriculum	
	<input type="checkbox"/> Time spent on supplemental on-line program	
	<input type="checkbox"/> Time spent off-line completing course requirements	
5. Course Name	Method of Time Spent	Total Minutes Spent
	<input type="checkbox"/> Time spent on Odysseyware Curriculum	
	<input type="checkbox"/> Time spent on supplemental on-line program	
	<input type="checkbox"/> Time spent off-line completing course requirements	
6. Course Name	Method of Time Spent	Total Minutes Spent
	<input type="checkbox"/> Time spent on Odysseyware Curriculum	
	<input type="checkbox"/> Time spent on supplemental on-line program	
	<input type="checkbox"/> Time spent off-line completing course requirements	

## ON-SITE COURSES - Complete the following information

Course Name	Method of Time Spent	Total Minutes Spent
1.	<input type="checkbox"/> Time spent on-site	
2.	<input type="checkbox"/> Time spent on-site	
3.	<input type="checkbox"/> Time spent on-site	

Signature \_\_\_\_\_

Date \_\_\_\_\_

This signature verifies that I am enrolled and participating in courses offered through the program and/or facility listed above. If I am below the age of 18, a parent/legal guardian signature is required to verify the time spent.