**Science Lab Hour Documentation**
**Please Submit to Guidance Office Quarterly**

**Please list the student name, course and number of lab hours completed during the quarter. This is necessary in order to provide receiving teachers and/or districts with verification of lab hours completed as students move from program to program or return to district. Thank you for your cooperation.**
**School Year: 2009/2010.**

**Date:_____ Teacher Signature:_____**

| Name | Course | # hours completed |
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