



REGINA
PUBLIC
SCHOOLS

EXTRA-CURRICULAR TRACKING FORM

Teacher: _____
(Print name)

School: _____

Date hours completed: _____

TOTAL TIME	
Contact	_____ hrs.
Non-Contact	_____ hrs.

Date	Activity	Description	Contact Time/Hrs.	Non-Contact Time/Hrs.

Date Submitted: _____

In-School Admin.: _____