

LEADERSHIP ACTIVITY CHECK-OFF FORM

"The leader always sets the trail for others to follow"



LEADERSHIP

NAME: _____

DATE: _____ PERIOD: _____

ACTIVITY NUMBER (See reverse side): _____

DETAILS OF ACTIVITY: _____

THIS IS MY: 1ST 2ND 3RD 4TH 5TH 6TH ACTIVITY.
(PLEASE CIRCLE ONE)

DRESS-UP DATES: _____
(IF REQUIRED – Substitute teachers can also sign off on these)

APPROPRIATE SIGNATURE (IF REQUIRED)