





Date of services	Place of service	Description of services	# of hours	Contact name	Phone number	Email address	Supervisor Signature

I \_\_\_\_\_ (student name) hereby certify that the above information is true and correct.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ (parent name) hereby certify that the above information is true and correct.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please email completed form to A. Chan [a.chan@chcp.org](mailto:a.chan@chcp.org); CC to [brenda.wong@chcp.org](mailto:brenda.wong@chcp.org) 408-946-4015