Please use this form to record the number of community service-learning hours per week. This report should be initialed weekly by your agency supervisor. At the end of your commitment, the placement site supervisor verifies total hours and completes the Student Evaluation. See bottom of form for distribution.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student B#:</th>
<th>College Instructor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Partner Name:</td>
<td>Partner Telephone:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Community Partner Supervisor Name:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of Activity:
- ❏ Human Service Experience (1 credit)
- ❏ Community Involvement (3 credits)
- ❏ Field Study (1 credit)
- ❏ Volunteer
- ❏ Service-Learning Option
- ❏ Student Organization/Club (Service Activity)
- ❏ Internship

| Date       | M | T | W | R | F | S | S | Total # Hours | Supervisor's Initials | Date       | M | T | W | R | F | S | S | Total # Hours | Supervisor's Initials |
|------------|---|---|---|---|---|---|---|---------------|----------------------|------------|---|---|---|---|---|---|---------------|----------------------|
| 1/12/2015  | 3.5|   |   |   |   |   |   | 2.25          |                      |            |   |   |   |   |   |   | 5.75          |                      |

**Final Student Evaluation (Organization/Placement Site completes)**

<table>
<thead>
<tr>
<th>OVERALL PERFORMANCE</th>
<th>NEEDS HELP</th>
<th>AVERAGE</th>
<th>GOOD</th>
<th>EXCELLENT</th>
<th>CANNOT RATE</th>
<th>OVERALL PERFORMANCE</th>
<th>NEEDS HELP</th>
<th>AVERAGE</th>
<th>GOOD</th>
<th>EXCELLENT</th>
<th>CANNOT RATE</th>
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</thead>
<tbody>
<tr>
<td>Attendance:</td>
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<td>Initiative:</td>
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<td>Attitude:</td>
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<td>Cooperative:</td>
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</tbody>
</table>

**Overall Evaluation of Performance and Comments:**

**VERIFICATION:** I certify that the above information and following total completed hours are correct.

TOTAL HOURS

Community Partner Supervisor’s Signature

Student’s Signature

Official Use Only:

Date Received:

Verbal Verification Date:

Input by: