



# SERVICE LEARNING STUDENT EVALUATION FORM

*After you have completed your Service Learning hours, have a representative from your community agency complete this form to verify your service.*

## Part A—STUDENT INFORMATION

Name:

Email:

Phone:

Course:

Instructor:

I certify that I completed the service detailed below. Furthermore, I understand only service preapproved by my instructor will be counted towards the service learning requirement for my course.

Student Signature:

Date:

## Part B—COMMUNITY AGENCY INFORMATION

NAME OF AGENCY/ORGANIZATION:

ADDRESS:

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DAYS/HOURS VOLUNTEERED: \_\_\_\_\_

Title and brief description of job(s) to be performed by student:

Please rate student's service performance (Please circle one)

Did Not Meet Expectations

Met Expectations

Exceeded Expectations

Additional Comments:

Signature of Contact Person:

Date: