 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: