

Service Learning Proposal

Student _____	Grade _____
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Proposed service project/activity (describe): _____

Sponsoring Organization/Agency: _____

 City State Zip

Supervisor: _____ Phone: _____

Specific description of duties:

Duration of this program or activity: _____
 Single Day: _____
 Hours: _____ to _____
 Total Hours: _____
 (use ¼ hour increments)

Multiple Days: _____ through _____
 Total Hours: _____
 Weekly: From _____
 To _____

Days each week:
 M _____ to _____
 T _____ to _____
 W _____ to _____
 Th _____ to _____
 F _____ to _____
 Sa _____ to _____
 S _____ to _____

Other: _____

Signatures:

_____ Student	_____ Date
_____ Parents(s)	_____ Date

FOR OFFICE USE ONLY			
<input type="checkbox"/> Approved		Administration	Date
<input type="checkbox"/> Not Approved		Administration	Date
Explanation	_____		

* Please **complete other side** when your *approved* service project is finished. In order to receive credit for your service hours this form must be filled out and **returned** to the office. Thank you.

Student Evaluation Form

This form is to be used by the student's supervisor, leader or person to whom he/she is accountable, in evaluating his/her performance during the service project or activity.

Student _____ Date _____

Part I – To be filled out by the student:

Service activity, project or program: _____

Agency or sponsoring organization: _____

Supervisor: _____ Phone: _____

Brief description of duties performed:

Days and hours for this activity:

<u>Day and Date</u>	<u>Clock hours</u>	<u>Total hours</u>
_____	- _____	_____
_____	- _____	_____
_____	- _____	_____
_____	- _____	_____
_____	- _____	_____

(If more space is needed, attach a separate sheet)

Please evaluate the student's performance in these areas:

	Lowest ← → Highest	Please add comments:
Punctuality/Dependability (Show up on time)	1 2 3 4 5	_____
Responsibility (Limited supervision)	1 2 3 4 5	_____
Competence (Display necessary skills)	1 2 3 4 5	_____
Thoroughness (Complete assigned tasks)	1 2 3 4 5	_____
Courtesy (Interaction with others positive and encouraging)	1 2 3 4 5	_____

I certify that the above student properly discharged the service activities described above, including the recorded hours.

Signature

Title/position

Please print name

Agency or organization: _____
 Address: _____

For Administrative Review:

Received: _____ **Recorded:** _____

Administrator: _____