

Service Site Attendance Confirmation

Student Name: _____ cell phone #: _____

Course: _____ Instructor: _____

Community Partner: _____

Address: _____



Date and Time of Service	Total time Spent	Signature of supervisor

Comments of Student (What kind of an experience did you have? What did you learn?)

Comments of Supervisor (Please comment on student's interaction with others, reliability, etc.)

Supervisor's signature _____

Phone number _____ E-mail _____

Date _____

Return this form to your instructor who will submit the entire set of class forms to the Service-Learning Coordinator prior to Exam week of the semester served.