Service Learning Time Sheet/ Performance Evaluation **Due:**_____

Completed forms should be given by the student to the course instructor.

Section 1 - To be completed by the student

Instructor's name/ Email/phone #	
Course /section	
Agency name	
Hours required	

Section 2 – To be completed by the site supervisor

Date of Service	Hours served	Supervisor's Initials

Performance Rating	Excellent	Good	Satisfactory	Poor
Quality of work				
Willingness to work				
Cooperative attitude				
Works well with others				
Acceptance of supervision				
Takes initiative				
Courtesy				
Dependability				
Personal Grooming				
Punctuality and attendance (Did the student call if late or absent?)				

Total Hours Served:_____ **Student Signature:**_____

Supervisor's Signature:_____**Date:**_____

Supervisor's Name (Please Print):_____**Site Phone Number:**_____

Additional Comments:

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