

SPORT AND MEDICAL SCIENCES ACADEMY

Service Learning Completion Form

Student Name _____ Today's Date _____

The above named student has identified your organization to complete his/her service learning assignment. The student has agreed to complete all agreed upon hours and to follow all the rules and regulation of the organization. If you need additional information on this program, please contact –**Mr. Serrano- School to Career Coordinator at 695-6916.**

Site/ Organization Name _____

Site Address _____ Phone# _____

_____ Fax # _____

Person who will supervise student: _____

Schedule of Service ___(DATES) _____

_____(TIMES) _____

Description of duties to be completed: _____

School Approval _____ Parents Signature _____

SITE SUPERVISOR- Please complete AFTER the student has completed agreed upon # of hours.

Total # of Hours Completed _____

Please Rate the students overall performance at your site: (please circle one)

Excellent Satisfactory Poor Unacceptable

Comments: _____

Supervisor's Signature _____ Date _____

Student Signature _____ Date _____

KEEP ATTENDANCE ON OTHER SIDE

