Service Learning Report 2010-2011

Student Name _____

Location _____

Date Started _____ **Date Ended** _____

Total Hours Completed _____

Service Description

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I hereby certify that the information on this form is correct to the best of my knowledge.

_____

Student Signature Date

I hereby certify that the aforementioned student has performed duties of service in the recorded amount under my supervision.

_____

Supervisor Signature Date

Please note: Students must obtain a signature from an adult that is not a guardian or relative.

Form must be turned into Mrs. Laurie Schell, Service Coordinator, once signed.