

Service Learning Report

Student Name _____

Location _____

Date Started _____ Date Ended _____

Total Hours Completed _____

Service Description

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.