

Service Learning Record

Name of Student: _____ Date: _____

Organization: _____ Phone: _____

Supervisor: _____ Title: _____

Rating System:

1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = Failing 6 = Does Not Apply

Circle One

1. Reports regularly and punctually.	1	2	3	4	5	6
2. Attends to tasks assigned to him/her by agency.	1	2	3	4	5	6
3. Is attired and groomed appropriately.	1	2	3	4	5	6
4. Performs tasks with a positive and willing attitude.	1	2	3	4	5	6
5. Is capable of independent work.	1	2	3	4	5	6
6. Responds creatively to criticism.	1	2	3	4	5	6
7. Is aware of own strengths and weaknesses.	1	2	3	4	5	6
8. Handles problems situations well.	1	2	3	4	5	6
9. Makes an effort to learn about the agency and clients.	1	2	3	4	5	6
10. Establishes good rapport with staff, clients, others.	1	2	3	4	5	6
11. Overall rating of student's performance.	1	2	3	4	5	6

Description of services that student provided:

Additional comments:

I certify that the above student accomplished _____ hours of satisfactory service.

Signature

Date