

SERVICE LEARNING CONTACT LOG

STUDENT: _____ STUDENT ID: _____ MEID: _____

PHONE # _____ EMAIL: _____

EMCC INSTRUCTOR: _____ EMCC CLASS NAME: _____
If applicable If applicable

AGENCY SITE: _____

AGENCY SUPERVISOR: _____ PHONE: _____ EMAIL: _____

AGENCY ADDRESS: _____ CITY/ZIP: _____

STUDENT EVALUATION- TO BE COMPLETED BY AGENCY SUPERVISOR

Please rate this students accordingly, provide brief explanation when necessary, and make specific positive comments on the motivation, interpersonal skills, work skills, and other skills or attributes you have observed. Also, please validate the amount of hours they served.

This student...	Excellent	Good	Average	Fair	Needs Improvement
<i>Works well with agency employees and clients</i>	5	4	3	2	1
<i>Takes initiative, "jumps right in" as appropriate</i>	5	4	3	2	1
<i>Is actively engaged in service activities when possible</i>	5	4	3	2	1
<i>Exhibits a positive and cooperative attitude</i>	5	4	3	2	1
<i>Demonstrates regular attendance and is on-time</i>	5	4	3	2	1

COMMENTS:

Please validate student's hours

Agency Supervisor Signature: _____ Date: _____ TOTAL HOURS _____

DATE OF VISIT	TIME OF VISIT	BRIEF DESCRIPTION OF ACTIVITIES/RESPONSIBILITIES	# OF HOURS

Tracking time- 60 minutes (1), 30 minutes (.5), 15 minutes (.25) or 45 minutes (.75)	TOTAL HOURS
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