

SERVICE LEARNING PROJECT SUPERVISOR'S VERIFICATION

Name of student: _____

Supervisor's Name _____

Supervisor's phone number: _____

Number of hours of work student completed: _____

(minimum of 8 hours is required)

Supervisor's Signature: _____

Supervisor's comments: (a few brief comments are required- thanks for your help)

Rate student's performance: 1 2 3 4 5 (5 is the best)

Rate student's attitude: 1 2 3 4 5

Rate student's attendance: 1 2 3 4 5

Additional comments may be made on the back of the sheet or attached on a separate sheet. If you have any questions feel free to call Mrs. Klinker-696-4142 or email gayle.klinker@k12.sd.us