

## Service Learning: Agency Contact Log

Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Agency Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Learning Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

| <b>Agency Supervisor's Evaluation:</b> (Please comment on Dependability, attendance, interpersonal skills, overall work ethic, etc. of the student) |      |   |   |   |   |   |   |   |   |             |
|---|------|---|---|---|---|---|---|---|---|-------------|
| <b>Please Rate the Student in the Following Areas:</b>  |      |   |   |   |   |   |   |   |   |             |
|   | Poor |   |   |   |   |   |   |   |   | Outstanding |
| Dependability:  | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10          |
| Attendance / Punctuality  | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10          |
| Participation:  | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10          |
| <b>Comments:</b>  |      |   |   |   |   |   |   |   |   |             |
|   |      |   |   |   |   |   |   |   |   |             |
|   |      |   |   |   |   |   |   |   |   |             |
|   |      |   |   |   |   |   |   |   |   |             |
|   |      |   |   |   |   |   |   |   |   |             |

Agency Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

