



# SERVICE-LEARNING HOUR REPORT/VERIFICATION

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Please use this form to record the number of community service-learning hours per week. This should be initialed weekly by your agency supervisor.  
**At the end of your commitment, the placement site supervisor verifies total hours and completes the Student Evaluation.** See bottom of form for distribution.

Student Name:	JCCC ID #:	Course:	College Instructor:
Community Agency Name:	Agency Telephone #:	Email:	Community Agency Supervisor Name:

Type of Activity:

Date/Wk	Comments	Total # Hours	Supv Initials	Date/Wk	Comments	Total # Hours	Supv Initials

**Final Student Evaluation (Organization/Agency Site Completes)**

Overall Performance	Needs Help	Average	Good	Excellent	Cannot Rate	Overall Performance	Needs Help	Average	Good	Excellent	Cannot Rate
Attendance:						Initiative:					
Dependability:						Attitude:					
Responsibility:						Cooperative:					

**Overall Evaluation of Performance and Comments:**

**VERIFICATION:** I certify that the above information and following total completed hours are correct. **TOTAL HOURS**

<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><span><i>Community Agency Supervisor's Signature</i></span><span><i>Date</i></span></div>	<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><span><i>Student's Signature</i></span><span><i>Date</i></span></div>
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**OFFICIAL USE ONLY**  
Date Received: \_\_\_\_\_ Verbal Verification Date: \_\_\_\_\_ Input by: \_\_\_\_\_