



CENTER FOR SERVICE-LEARNING AND CIVIC ENGAGEMENT HOUR REPORT/SHOAT VERIFICATION AND FINAL EVALUATION

Cocoa 321-433-7610 • Titusville 321-433-5016 • Melbourne 321-433-5610 • Palm Bay 321-433-5253

Please use this form to record the number of community service-learning hours per week. **This report 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:	Student B#:	College Instructor:
Community Partner Name:	Partner Email:	Community Partner Supervisor Name:

Type of Activity: Human Service Experience (1 credit) Community Involvement (3 credits) Field Study (1 credit) Volunteer
 Service-Learning Option Student Organization/Club (Service Activity) Internship

Date	M	T	W	R	F	S	S	Total # Hours	Supervisor's Initials	Date	M	T	W	R	F	S	S	Total # Hours	Supervisor's Initials
1/12/2015	3.5					2.25		5.75											

Final Student Evaluation (Organization/Placement 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> Community Partner Supervisor's Signature	<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> Date	<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> Student's Signature	<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> Date
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Official Use Only:
 Date Received: _____ Verbal Verification Date: _____ Input by: _____