Miami Dade College

## MDC Center for Community Involvement

# S-L Hour Report & Student Evaluation

### Student and Course Information

| | | | |
|---|---|---|---|
| **Student's Name:** | | **Professor's Name:** | |
| **Course ID:** | **Reference #:** | **Semester:** | **Campus:** |
| **Phone Number:** | | **E-mail:** | |

### Supervisor Information

| | |
|---|---|
| **Agency Name:** | |
| **Supervisor's Name:** | **Phone Number:** |

| Date | IN | OUT | Supervisor Signature | Hours |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Total Hours Completed: _____**

**Agency Supervisor: Please evaluate the student in the areas listed below.**

*The responses provided may be used by instructors to determine student grades and will also appear on the student's service-learning transcript.*

| | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| **Attendance/Punctuality** | | | | |
| **Attitude** | | | | |
| **Quality of Work** | | | | |
| **Initiative** | | | | |
| **Overall Performance** | | | | |

**Additional Comments (please write clearly):**

**NOTE: Are you using the same hours for multiple courses ("double-dipping")?** Yes* ____ No ____

* If "Yes", you MUST receive approval from all professors, register online for each course, AND identify below for which courses you will be double-dipping hours.

For which course(s)? **Course ID:** _____ **Reference #:** _____ **Professor:** _____

**Course ID:** _____ **Reference #:** _____ **Professor:** _____

**Student Signature:** _____ **Date:** _____

**Supervisor Signature:** _____ **Date:** _____

**Supervisor Printed Name & Title:** _____

***Submit completed form as directed by your professor.***

***Remember to complete the online survey by logging back in (www.mdc.edu/cci) to view your service history.***