



COMMUNITY-BASED LEARNING HOUR REPORT/VERIFICATION AND FINAL EVALUATION

JCCC Community-Based Learning COM 201
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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:	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**

_____ <i>Community Agency Supervisor's Signature</i>	_____ <i>Student's Signature</i>
_____ <i>Date</i>	_____ <i>Date</i>

OFFICIAL USE ONLY

Date Received: _____ Verbal Verification Date: _____ Input by: _____