



## Community Engaged Learning Time Sheet

### STUDENT INFORMATION

First name:		Last Name:		Student ID #:	
Community Partner:		Site Supervisor			
Course/ Project Title		Instructor			

Date	Time In	Time Out	Total Hours	Supervisor Initials

### TO BE COMPLETED BY COMMUNITY PARTER

Overall this student was an effective volunteer/worker (please circle):

Strongly Disagree                      Disagree                      Neutral                      Agree                      Strongly Agree

Please provide any additional feedback on your experience with this student.

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

*I validate that the student named above satisfactorily completed the total number of service hours indicated.*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_