



**McComb High School Service Learning
Completed Service Form**

**THE UPPER PORTION OF THIS FORM SHOULD BE COMPLETED BY THE
STUDENT PRIOR TO SUPERVISOR'S EVALUATION AND SIGNATURE**

Personal Information:

Student Name: _____ Date(s) Worked: _____

Graduating Class of 20____. (Fill in your graduation year)

Service Information and Reflection:

Organization: _____ Type of Service: _____

How did the service benefit others?

Total Hours Worked: _____

Supervisor Evaluation of Student's Service (if applicable):

I would rate this student's work as:

Additional Comments:

Supervisor's Signature: _____

To the supervisor: The information given on this evaluation sheet will be used to determine whether this student has successfully completed the credit requirements of the service program at McComb High School. Please be honest in your evaluation and comments. If you do not wish for the student to see your remarks, please indicate so by checking this blank _____. Thank you.

Please return form to:

**McComb High School, Attn: Service Learning, 328 S. Todd Street McComb Ohio 45858 or to
Mrs. Teegardin at Teegardink@mccombschool.org.**