



**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 Carey 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.**