

On-Site Supervisor's Evaluation of Service Hours

Type of Service _____

Place of Service _____

Total Number of Hours of Service _____

Adult Supervisor's Evaluation of the Student's Service:

(Describe the specific service of the student and your evaluation of that service.)

Signature of On-Site Adult Supervisor _____

(You must sign your name again at the end of the student's journal to verify that the type of service meets SCA requirements and that the number of hours are correct.)