

SERVICE-LEARNING AGENCY CONTACT LOG

STUDENT: _____ STUDENT PHONE: _____

STUDENT ADDRESS: _____ STUDENT CITY/ZIP: _____

AGENCY NAME: _____

AGENCY ADDRESS: _____ AGENCY CITY/ZIP: _____

AGENCY SUPERVISOR: _____ AGENCY CONTACT PHONE: _____

CGCC INFORMATION

CGCC INSTRUCTOR: _____ COURSE: _____

SLA: _____ SLA PHONE: _____

AGENCY SUPERVISOR'S EVALUATION (Please comment on the dependability, attendance, interpersonal skills, overall work ethic, etc. of the student)

PLEASE RATE THE STUDENT IN THE FOLLOWING AREAS:	Poor										Outstanding									
Dependability	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Attendance/Punctuality	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Participation	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

COMMENTS: _____

AGENCY SUPERVISOR'S SIGNATURE: _____ DATE: _____