

Calvert County Public Schools
Independent Student Service-Learning Project
Verification of Hours Form
 (to be completed by project coordinator at approved Agency)

Student Name _____ **Grade** _____

Name of Agency _____

Directions: Complete the information each time a service is performed. When the project is completed, have the site supervisor complete the bottom section of the form. Return the completed form to the service-learning coordinator.

Date	Hours Worked	Brief Description of Service	Signature of Site Supervisor

TOTAL HOURS: _____

Site Supervisor Signature _____

Ending Date _____

Comments: