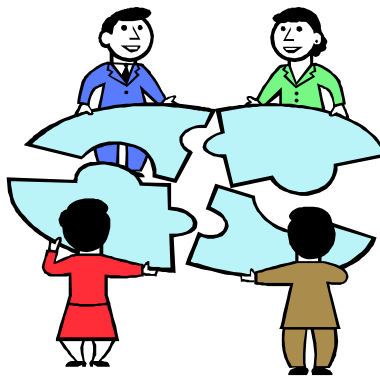




# Service Learning

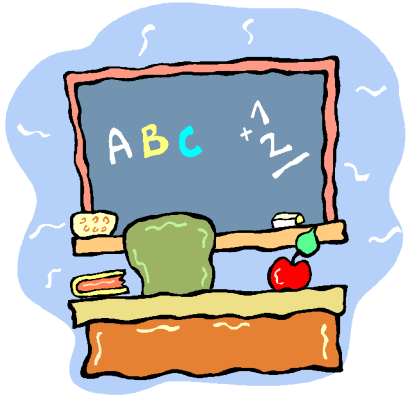


## **Student Paperwork Packet**

**Citrus College Service Learning Program  
Program Coordinator: Sandra Harden  
(626) 857-4163**

**Office Hours: M-F 10-3pm – Job Placement Center  
[servicelearning@citruscollege.edu](mailto:servicelearning@citruscollege.edu)**

# It's as easy as 1, 2, 3 ... 4



## 1. **Agreement Form**

Bring this form with you the first time you visit your community site. After determining what your duties will include, sign the form and have the agency representative sign. Return this form to the Service Learning Coordinator before beginning your service. If you need additional copies of the completed form for your instructor or agency supervisor, the service learning staff will be happy to make copies for you.

## 2. **Time Sheet**

Each time you volunteer, be sure to record your hours and have your supervisor sign.

## 3. **Supervisor's Evaluation of Service Learning Student**

When you have completed your service learning activity, give this evaluation form to your agency supervisor to complete.

## 4. **Service Learning Program Evaluation**

Please take a few moments to evaluate your overall experience. Let us know how your placement worked and how we can better our program.

**For more information contact the Service Learning Coordinator.**





Citrus College  
**Service Learning Program**

**Supervisor's Evaluation**

\_\_\_\_\_  
Student Volunteer's Name (Please Print)

( ) \_\_\_\_\_  
Phone Number

**INSTRUCTIONS**

Please indicate your rating of the student on each of the criteria listed below by circling the appropriate response to each item. When the form has been completed and signed please give it to the student with instructions that he or she deliver it to his or her instructor.

Student Reliability (arrived on time, completed tasks, etc.)

Excellent    Good    Fair    Needs Improvement

Sensitivity to Others (clients, staff, etc.)

Excellent    Good    Fair    Needs Improvement

Willingness to Learn (accepts or asks for feedback)

Excellent    Good    Fair    Needs Improvement

Communication Skills (listening, speaking, writing, non-verbal)

Excellent    Good    Fair    Needs Improvement

Overall Performance

Excellent    Good    Fair    Needs Improvement

\_\_\_\_\_  
Supervisor's Name (Please Print)

\_\_\_\_\_  
Supervisor's Signature

Please feel free to use the back of this form for any additional comments. Thank you for your assistance. We hope that your participation with this program has been beneficial to your agency.



## Service Learning Program Evaluation

Class Name: \_\_\_\_\_ Instructor: \_\_\_\_\_

Volunteer Site: \_\_\_\_\_ Semester: \_\_\_\_\_

**Please circle the number that most accurately describes your opinion regarding the statements below.**

	Strongly Disagree	Disagree	Agree	Strongly Agree
The agency provided adequate orientation and training.	1	2	3	4
My tasks and assignments were relevant and interesting.	1	2	3	4
The people at the agency were helpful and supportive.	1	2	3	4
I would recommend this site to another student.	1	2	3	4
This placement related well to my college course.	1	2	3	4
My instructor provided clear guidelines and expectations for service learning.	1	2	3	4
I had the opportunity to reflect on my experiences through written work and classroom discussions.	1	2	3	4
The "hands on" experience helped me better understand course material.	1	2	3	4
I feel that I made a contribution to the community.	1	2	3	4
I will continue to serve the community in the future.	1	2	3	4
Through service, I developed new leadership skills.	1	2	3	4
Service learning helped me to clarify career goals.	1	2	3	4
I found the service learning staff supportive and helpful.	1	2	3	4
Service learning was a worthwhile experience.	1	2	3	4

Additional comments and suggestions: (feel free to use the back of the paper)

Citrus College  
**Service Learning Program**  
(626) 857-4163

**Time Sheet**

Student Name: \_\_\_\_\_

College Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Volunteer Site: \_\_\_\_\_ Semester: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR SIGNATURE

TOTAL NUMBER OF HOURS FOR THIS SHEET: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

