

WORK BASED LEARNING AND COMMUNITY SERVICE FORM

Students Name:	Grade:
Description of Services Activity:	
Dates Performed:	Total Hours Earned:
Name of Supervising Adult:	
Teacher Sponsor:	
Supervisor Signature	
Student Signature	
Briefly describe what you have learned through this se	rvice opportunity:
Return completed form to Mrs. McNeill, Academy Director (Please make a copy for your records)	Revised 09/2015