# WESTERLY HIGH SCHOOL

**Community Service Learning Program**
**23 Ward Avenue**
**Westerly, RI 02891**
**(401)596-2109 / Fax# 596-5098**
**Contact: Mr. Spellman**
**E-mail: jspellman@westerly.k12.ri.us**

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**Student Name:** _____ **Year of Graduation:** _____

## PART A Community Service Learning

1. **This project is: (please check one)** ( ) **Independent Service Project**
   ( ) **Done for an organization**

2. **Describe your community service learning activity:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

3. **Sponsoring agency or organization: (or individual, if no agency is involved)**

_____
_____
_____

4. **Date this service will be/was performed:** _____
_____

5. **Supervisor Name:** _____
   **Address:** _____
   _____
   **Phone Number:** _____ **E-mail address:** _____

6. **Total number of service hours:** _____
_____

**Parent/Guardian signature on the following line indicates permission for the above:**

**Parent/Guardian:** _____

## PART B Student Evaluation of Community Service Learning Experience

**Please evaluate your experience with this project. What did you gain and/or learn from this experience? What changes, if any, would you recommend? (attach additional sheet if necessary)**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**Signature of Student:** _____ **Date:** _____

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## PART C Supervisor Evaluation of Community Service Learning

_____ **has satisfactorily completed**
**(name of student)**
_____ **hours of community service.**

**1. Did you/your organization/the community benefit from this service? Please comment on how:**

_____
_____
_____
_____
_____
_____

**2. Would you like students to continue to serve you/your organization?**

_____
_____
_____

**3. Please comment on the individual student's performance on this project:**

_____
_____
_____
_____
_____
_____

**Name of Supervisor (Please Print):** _____

**Signature of Supervisor:** _____ Date: _____