



ST. MARY'S ACADEMY

Service Learning Information Form

to be filled out by STUDENT

Student name _____ Grade _____

Religion Teacher _____

I completed my Service Learning at _____

Brief Description of Service Learning Placement _____

I served at this location during these:

Dates:

Times:

To be completed by the SERVICE LEARNING SUPERVISOR

Name of Service Learning Supervisor: _____

Phone Number and Email for Service Learning Supervisor:

St. Mary's graciously thanks you for allowing this student to be a part of your service community. We hope that their presence has been beneficial that it had made a positive impact. Please provide us with some quick feedback on your view of this experience by completing the evaluation below. (Check the box that applies)

DID THIS STUDENT	ALWAYS	SOMEWHAT	NEVER
Show Respect			
Arrive on time			
Present a good work ethic			
Work with a positive attitude			
Comments (if needed):			

If there is anything you would like to discuss and would like it to remain confidential please contact Taylor Martin (Service Learning Coordinator) at servicelearning@smamb.ca or (204)477-0244. Comments will be forward to the appropriate teacher.

Signature of Service Learning Supervisor: