



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 Cecilia Kolt, Service Learning Coordinator at ckolt@smamb.ca or (204)477-0244. Comments will be forward to the appropriate teacher.

**Students must submit one form per service site, if they are volunteering at multiple locations.*

Signature of Service Learning Supervisor: