O’Connor Center for 
Community Engagement
Summary of Service-Learning Hours

Name: ___________________________ 800# __________________

SL Project Course (Name & Number) ____________________________________________

Email: __________@live.delhi.edu    Phone: (______) _____ - ________

(Please print legibly – in CAPITAL BLOCK letters – full names only!)

<table>
<thead>
<tr>
<th>Community Partner Name</th>
<th>Location: Street and Town</th>
<th>Supervisor at site- full name*</th>
<th>Phone number at site</th>
<th># of Hours</th>
<th>Date of Service</th>
</tr>
</thead>
</table>
Brief description of the Service-Learning Project: Tell us the activities and the anticipated outcome:

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

How would you rate your experience after completing a Service-Learning Project?

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

How could your experience have been made better?

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

Are there any suggestions or comments about the Community Partner?

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

Signature of student

Community Agency/Supervisor Signature
*If you have more than one Supervisor, have each one initial on their name on the other side of the form at the site.

Delhi Instructor Signature __________________________ Phone # ____________