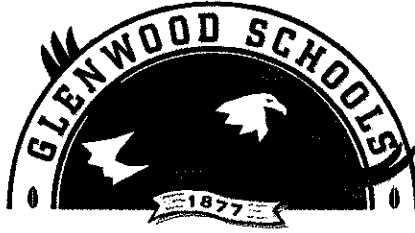


GLENWOOD SCHOOL SERVICE LEARNING HOURS FORM



Name of Student _____

Organization Served _____

Supervisor _____

Total Hours Served _____

Date of Service _____

Description of Service Activities: _____

Comments: _____

Supervisors Signature _____

Student Signature _____

Instructions for the supervisor. By signing this form, you are verifying the hours that the student worked. Please write the total number of hours the student served in the space provided at the top. Do not leave the space blank. Fill it out before you return this form to the student. Thank you.