

Form B: TAKING ACTION

Experience # _____

Dear Service Experience Supervisor,

Thank you for providing this opportunity for an MLC student to participate in Service as Action. Would you please complete the Supervisor section of this form to certify the participation of our student?

Thank you,

The Faculty and Staff at the Metropolitan Learning Center, Bloomfield, CT 06002 (860)-242-7834

MLC Student - Please log hours as you serve. Use additional paper if needed.

Student Name		Grade	
SA Experience			
Date	Start Time	End Time	Total Hours

Supervisor - Please complete the section below.

The student completed a total of _____ hours of service.

Please comment on the student's progress, activity and/or commitment.

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____