

**Form B: TAKING ACTION**

<b>Experience #</b> _____
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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.

<b>Student Name</b>		<b>Grade</b>	
<b>SA Experience</b>			
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: \_\_\_\_\_