

VERIFICATION OF HOURS FORM

INSTRUCTIONS: This form should be kept up to date. After the service is completed, the site supervisor should sign and make comments. **It is the students' responsibility to turn in their hours to their INST 150 professor!**

Student's Name (print) _____

Site Name _____

STUDENT SIGNATURE <i>Student signs in each visit</i>	DATE	HOURS ON SITE	SUPER- VISOR'S INITIALS

Total Hours _____

How would you rate the quality of this student's service?

*Excellent*____ *Good*____ *Fair*____ *Poor*____

Did the student notify you ahead of time if he/she was absent?

*Yes or N/A*____ *No*____

Comments:

Signature of supervisor _____ Phone # _____

Date _____