

CLERC CENTER

AT GALLAUDET

1. Completed form(s) must be returned by the student to the Manager of School Operations for approval.
2. All community service documentation must be submitted within 60 days of the date of service in order to receive hours. Documentation submitted after 60 days from date of service will not be accepted.

You should keep a copy of your form for verification of your service if verification is needed.

Student Information

Name: _____ Grade: 9 10 11 12

Placement Site Information:

Agency/Site Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number/Email: _____

Date(s) Served: _____ Number of Hours: _____

Supervisor name (please print clearly): _____

Authorized Signature: _____ Date: _____

Documentation from placement site attached to form: _____ "x" if "yes"

(i.e. business card, flyer, or community/agency brochure)

MODEL SECONDARY SCHOOL FOR THE DEAF

800 Florida Avenue, NE • Washington, DC 20002-3695

(202) 651-5031 (voice) • (202) 250-2152 (videophone) • (202) 651-5109 (fax) • www.gallaudet.edu



Personal Reflection:

What was your responsibility/activity related to this community service? (What did you do?)

What did you learn by doing this community service? What did it mean to you?

How did your participation in this service benefit or positively impact upon the agency and/or others?

Student Signature: _____ Date: _____

Teacher/Staff Signature: _____ Date: _____

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