

University of South Carolina Lancaster
Community-Service Task & Evaluation Form:
Weekly Progress Report

Date: _____
Student's Name: _____
University 101 Instructor: _____
Organization: _____
Supervisor: _____

Total number of hours served during each week _____

Week's activities:

What was accomplished during these activities this week?

Name and title of supervising person: _____

By signing this form you are attesting that the student has served 10 hours of voluntary service.

Evaluation of student volunteer's service:

Please circle the appropriate rating and comment:

Excellent Good Satisfactory Unsatisfactory

Thank you for allowing USCL student's to work with you.

Lynn Baker, BSN, MS

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