

## Community Service Attendance

Student Name: \_\_\_\_\_ Trimester \_\_\_\_\_ Seat # \_\_\_\_\_

Date: \_\_\_\_\_

Description of service project:

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Location service was performed:

Times spent:

Please provide a brief overview on the positive and negative aspects of this service:

Do you feel that this experience will benefit you in your practice? Please explain:

Service sponsor signature \_\_\_\_\_ Instructor initial \_\_\_\_\_