#### Verification of Community Service Dakota State University, College of Education

|  |  |
| --- | --- |
| Student’s Name: | |
| **Community Service Location and Setting Information** | |
| School/Agency: | City: |
| Contact Person: | Position: |
| Address: | Phone: |
| Email Address: | |

Describe the duties and responsibilities the student was engaged in during this experience.

Dates of attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total clock hours \_\_\_\_\_\_ (minimum of 30)

Please check the following to evaluate the student’s performance in your professional setting based on the following criteria:

0 – Below Basic The student does not appear to understand the requirement and makes little or no attempt to respond.

1 – Basic The student appears to understand the requirements but the response is incomplete and/or incorrect in some way.

2 – Proficient The student clearly understands the concepts underlying the component and implements it well.

3 – Distinguished Students at this level produce exemplary work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The** **student:** | **(0) Below Basic** | **(1) Basic** | **(2) Proficient** | **(3) Distinguished** |
| Is punctual |  |  |  |  |
| Assumes responsibility |  |  |  |  |
| Dresses appropriately |  |  |  |  |
| Models correct written and spoken language |  |  |  |  |
| Interacts appropriately with others |  |  |  |  |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Please return form to:**

**College of Education, Kennedy Center Room 150**

**Dakota State University, Madison, SD 57042**

**Phone: (605) 256-5177 Fax: (605) 256-7300** *Revised: February 2008*