

**SECOND HUMAN SERVICE EXPERIENCE**

Student Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Dates of Experience: \_\_\_\_\_ to \_\_\_\_\_

Total hours of experience: \_\_\_\_\_

Brief description of activities and responsibilities in the completion of this experience:

How would you evaluate this student's performance of assigned duties?

Did student successfully complete the requirements of this experience? Yes \_\_\_ No \_\_\_

If you marked no, please explain.

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
Date