________________________ has been assigned by the Office of Student Conduct at Florida Gulf Coast University, to complete _____ hours of restorative service by _______________. Please verify completion of these hours in the below designated area.

________________________ has successfully completed _______ hours of restorative service.

________________________
Site Supervisor

________________________
Date

________________________
Phone Number

________________________ has successfully completed _______ hours of restorative service.

________________________
Site Supervisor

________________________
Date

________________________
Phone Number

________________________ has successfully completed _______ hours of restorative service.

________________________
Site Supervisor

________________________
Date

________________________
Phone Number
**WORKSITE VERIFICATION**

Worksite: __________________________________________________________

Worksite Address: __________________________________________________

Contact Person: ___________________________ Phone: __________________

Student’s Name: ____________________________________________________

Number of Hours Assigned: To be completed by:

<table>
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<tr>
<th>DATE</th>
<th>TIME ARRIVED</th>
<th>TIME DEPARTED</th>
<th>HOURS WORKED</th>
<th>SUPERVISOR INITIALS</th>
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Please return this form to: The Office of Student Conduct

10501 FGCU Boulevard South
Fort Myers, FL 33965
239-590-7940 (Office)
239-590-7903 (Fax)
RESTORATIVE SERVICE EVALUATION

Name: ________________________________________________________________

Address:  _____________________________________________________________

City: ____________________ Zip: __________ Phone # ________________

1. Please write the name of the worksite(s) you worked at to complete your restorative service hours:

_____________________________________________________________________

2. What were your main tasks or responsibilities while at the worksite?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

3. What did you learn while working at the agency?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

4. What problems, if any, did you encounter while at the worksite?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

5. How do you think this experience positively restored and impacted your community?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Please return this form to:

The Office of Student Conduct, Student Union Building, Room 110, Fax (239) 590-7903