

Winthrop University Teaching Fellows Program Annual Accountability Form

Name _____ Cohort Year _____

Meeting Participation

Number of Excused Absences (1 allowed) _____ Date of Excused Absence(s) _____

Reason for absence(s): _____

Number of Unexcused Absence(s) _____ Date of Unexcused Absence(s) _____

Reason for unexcused Absence(s) _____

Service

Number of **Service Learning hours** for this reporting period _____ (Primary _____)(Secondary)

Name of Primary Service Site(s) _____

Primary Service Responsibilities (EX: Teacher assistance, tutoring small groups, one-on-one assistance)

Primary Service Supervisor's Name _____

Committee Responsibilities

Committee Name _____

Total number of hours spent on Committee work for this reporting period. (This number includes committee meetings and activities) _____

Your Committee accomplishments _____

Officer Responsibilities

Office Held _____

Total number of hours spent on officer duties for this reporting period. _____

Please initial the appropriate line below. If you are not in compliance, please give an explanation and plan of action.

_____ **I am in compliance with all requirements for the Teaching Fellows Program for this academic year.**

_____ **I am not in compliance with the requirements of the Teaching Fellows Program for this academic year.**

Explanation _____

Student Signature _____