

**University of North Carolina at Wilmington**  
**Watson School of Education**  
School Service and Related Activities Report Form

Last Name:  First Name:

*For each instance of service to schools or related agencies, please answer the following.*

**Check One:**  Ongoing Activity  One time activity  Other

School(s) or Agency(s) Served:

School District(s):

School Contact Person:

Dates of service being reported : Beginning  Ending

Were you paid for this service?  YES  NO

Did you use technology for personal and/or instructional productivity?  YES  NO

Total # of Hours for this service (including preparation & travel time):

# of Educators Served: *Use zeroes if necessary to fill in all educator fields*

beginning teacher	<input type="text"/>	career teacher	<input type="text"/>
Lateral entry teacher	<input type="text"/>	administrator	<input type="text"/>
Other	<input type="text"/>		

# of Students Served:

Other UNCW Faculty Involved:

Topic(s) of Service:

Description of Activity:  
*(Provide a brief summary of service provided-- narrative ... if preferred)*

***Please print a copy for your records and submit to the Associate Dean's Office for External Programs.***