

Check appropriate box:

- On Campus
- In Community



Number of hours Completed:

## Student Community Service Activity and Evaluation Form

The following information must be completely filled out prior to teacher pre-approval.

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

Parent Signature: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Description of service to be performed: \_\_\_\_\_

Estimated Service Hours: \_\_\_\_\_

Teacher pre-approval is mandatory prior to work performed.

Mr. Millett pre-approval: \_\_\_\_\_ Date: \_\_\_\_\_

*The following is to be filled out by the person who organized and supervised the community service project, and must be signed by both the supervisor and the student:*

Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of service performed by the student: \_\_\_\_\_

Date(s) of service: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_

Time(s) worked: \_\_\_\_\_

*Please circle your response:*

Was this student cooperative?	Yes	Mostly	No
Were they enthusiastic and pleasant?	Yes	Mostly	No
How would you rate the quality of their service?	Good	Fair	Poor
Would you like to have this student's help again?	Yes	No	

Thank you for taking the time to provide us with this information. We hope that this was a good experience for both you and the student.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn in this Community Service Form to Mr. Millett within one week of completion of service