

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