


UNITED CHRISTIAN
ACADEMY

COMMUNITY SERVICE EVALUATION
Please fill out entire form

Student's Name: _____ Grade: _____

Date of Service: _____ Type of Service: _____

Frequency: ___ One time ___ Once a week ___ Once a month ___ Twice a month ___ Other

Number of Hours Completed: _____

Place of Service: _____

Duties Performed: _____

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Email or Phone: _____ Organization: _____

Please rate the quality of service provided by this student on a scale from 1 to 5:

1. Student presented him/herself in a professional, punctual and appropriate manner.

POOR 1 2 3 4 5 OUTSTANDING

2. The student worked hard and stayed on task.

POOR 1 2 3 4 5 OUTSTANDING

3. The overall level of service provided by this student.

POOR 1 2 3 4 5 OUTSTANDING

Supervisor's comments: _____

I certify that the above named student completed the above specified number of hours.

Supervisor's Signature: _____ Date: _____

*Students - Please use the back of this form to write a brief, 1 paragraph reflection about the impact this community service had in your life.