

Community Service Report

_____ Quarter

Due _____

Student Name _____

Supervising Adult Name _____

Brief Description of Activity Completed

Supervising Adult: Please circle the words that best describe the work provided by this student.

Attitude and Demeanor: Very Good Good Adequate Poor Very Poor

Quality of Work: Very Good Good Adequate Poor Very Poor

I certify that the above student completed eight (8) hours of community service during the _____ Quarter of the 20__ – 20__ school year.

Supervising Adult Signature