STUDENT SERVICE CONTRACT AND EVALUATION FORM

PLEASE PRINT (The first section must be completed by the student before a supervisor signs)

The Student Service Contract and Evaluation Form must be filled out and signed by the supervisor or official representative of the event or project or community service organization. If you have questions about the service site, please discuss with your Religion teacher first. At the end of the project, this form, as well as your Service Journal must be completed to obtain credit for the service.

NAME OF STUDENT: ______________________________________________________________________

Name of Organization: __________________________ Type of Service performed: __________________________

Address: ____________________________________________

Name of Supervisor: __________________________ Telephone/email: __________________________

Date(s) of Service: ____________________________________________________________________________

Total Hours Served: ____________________________________________________________________________

Which Christian value did you put into practice (respect for life, compassion, justice…)? ______________

Describe how you put this value into practice. ________________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

ADULT SUPERVISOR:

Was the student paid for their service? __________________________

Did you see the work performed? __________________________

Did the student show a helpful attitude? __________________________

Were you satisfied with the student’s performance? __________________________

Is the information above about your organization and the student’s service correct? __________________________

Additional comments (optional):

______________________________________________________________________________________________

______________________________________________________________________________________________

Supervisor’s Signature: __________________________ Date: __________________________

TEACHER: __________________________

Type of Service __________________________

Value named/described __________________________

Not Paid __________________________

Supervisor satisfied __________________________

Summary of Service __________________________

Helpful Attitude __________________________

Information reported as correct __________________________

Service Journal __________________________

Teacher’s Signature: __________________________ Date: __________________________