

C.M. OFFICE USE ONLY

Received _____

Entered _____

CHRISTIAN SERVICE EVALUATION FORM (rev. 8/12/10)

Student's name _____ Date _____

Agency _____ Phone # _____

Supervisor's Name _____

Please do not complete and sign this form until the student has completed all of his obligated service hours with your agency.

DIRECTIONS: Please rate the student's performance based on the following criteria:

Criteria	Poor	Average	Good	Excellent	Outstanding	No Judgment
Enthusiasm						
Concern for others						
Consistency						
Motivation						
Self confidence						
Initiative						
Respect for others						
Behavior						
Overall rating						

Total number of hours completed with this agency/volunteer organization: _____

Brief description of service provided by the student:

On the reverse side of this form, please comment if you wish, on the positive and/or negative aspects of the student's volunteer efforts.

Signature of Supervisor: _____ Date: _____

Thank you very much for cooperating with the St. Thomas High School Christian Service Program!