



COMMUNITY SERVICE EVALUATION

Students must return this form to the Director of Community Service within two weeks of the completion of the community service project or, for a summer placement, by the second week of school in September.

Student's Name: _____ Class of _____

Agency Name: _____ Phone _____

Agency Address: _____
street city state zip

Dates of Service: From: _____ To: _____ . Hours completed: _____

Describe the activities and duties of your service: _____

How do you feel you contributed to the community which you served? _____

What was special or memorable about your service? [Please be specific - perhaps a special incident, person, day]

How was this experience beneficial in terms of your personal growth and understanding of others? _____

Student's Signature

Date

Please see reverse side

