Hazelwood School District
Community Service Approval Form

Name________________________________________
Grade____
Student Number______________________________

Phone #________________
Place of Service________________________________

Agency Supervisor________________________________
Phone #________________Date/Time______________

Hours Expected___________
Description of Service to be performed
________________________________________________

Signature Student________________________________
Signature Parent ________________________________

Approval of Community Service Coordinator
____________________________________________
Date________________

Verification and Evaluation Form

Name____________________________________________________
Grade_____  
Student Number____________________________________________

Phone #__________________________
Place of Service____________________________________________

Agency Supervisor____________________
Phone#____________________
Date/Time___________________________

Hours Completed__________
Signature Agency Supervisor______________________________

Agency Supervisor Comments
__________________________________________________________________________
Student Evaluation of Site

Using a scale of
5 = Excellent; 4 = Good; 3 = Fair; 2 = Poor;
1 = Unacceptable, please evaluate your experience in
the following categories:

1. I had clear understanding of what was expected
   _____5_____4  _____3  _____2  _____1

2. I gained a sense of the needs of others
   _____5_____4  _____3  _____2  _____1

3. I saw a purpose for what I did
   _____5_____4  _____3  _____2  _____1

4. I would rate the experience
   _____5_____4  _____3  _____2  _____1

5. I would consider doing further work at this
   agency?
   _____5_____4  _____3  _____2  _____1

What did you learn from this experience?