

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?