



Christian Service Program

(Community Service Hours)

SUPERVISOR REPORT

NOTE: Time spent in preparation or transportation is not counted toward the service hours. Only time in which the student is actively engaged in the activity will be credited.

**TO BE COMPLETED BY THE AGENCY OR RECIPIENT OF THE SERVICE
WHEN ASSIGNMENT IS CONCLUDED**

PLEASE PRINT

Student Name _____ Class of _____

Student's Grade: Circle 9 10 11 12

Agency/Individual Receiving Service _____

Agency Address _____

Telephone Number _____

Contact Person/Supervisor _____

NUMBER OF HOURS STUDENT SERVED _____

What did the student do? _____

Please comment on the quality of the work performed, attitude, and appearance:

Signature of Supervisor/Contact Person:

_____ **Date** _____

**STUDENT: PLEASE RETURN THIS FORM, WITH BOTH SIDES
COMPLETED, TO THE GUIDANCE OFFICE.**

