

Please note: this project sheet is used for hours completed for the agency that has been preapproved. For all other hours please use the general service hour sheet.

Agency/Place of Service _____

TOTAL HOURS _____

Parent's Signature _____

Date verified: _____
Hours earned _____
CM Signature _____

Supervisor Evaluation:

Please evaluate the student volunteer in the areas listed below, using the following rating scale:

5 – SUPERIOR

4 – ABOVE AVERAGE

3 – AVERAGE

2 – BELOW AVERAGE

1 – POOR

_____ Ability to work with the supervisors and staff

_____ Ability to work with other people

_____ Attendance and promptness

_____ Initiative and independence

_____ Overall effectiveness

Other comments:

Supervisor's Signature _____ Date signed _____

Please Print Name: _____

Phone Number _____(to verify hours)