
Community Service Report

Student: _____ Grade: _____

Date: _____ Total Hours: _____

Name of Organization: _____

Supervisor: _____ Phone: _____

Type of Work: _____

Quality of Work -

- Excellent
- Above Average
- Average
- Satisfactory
- Unsatisfactory

Would this student be allowed to work for you again? Yes No

Supervisor's Signature: _____

Comments: _____

Please contact Florida Christian School if you have any questions: (305) 226-8152

fax 305-226-8166