

Gloucester Catholic High School: Service Work Log

Organization or Site _____

Quarter: _____

Year: _____

Student Name: _____

Site Supervisor (print name): _____

Date	Hours Worked	Description	Supervisor Signature

Total Hours: _____

Evaluation *(to be completed by the site supervisor)*

Supervisor Name _____

Supervisor Email/Phone _____

1. Overall, our experience with the student was:

[Excellent] [Good] [Fair] [Poor]

2. We want to continue to have this student work with our organization.

[Strongly Agree] [Agree] [Disagree] [Strongly Disagree]

3. Overall, we are satisfied with service provided by this student

[Strongly Agree] [Agree] [Disagree] [Strongly Disagree]

4. Additional comments:

Supervisor Signature: _____