



# St. Thomas Aquinas High School Community Service Project Evaluation

Student Name \_\_\_\_\_ Class of \_\_\_\_\_

Project Site \_\_\_\_\_

Site Supervisor's Name \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

The student named above worked under my supervision from:

\_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

The student completed the following number of hours \_\_\_\_\_

**Please answer the following honestly by circling:**

The student met his/her scheduled time obligation

*Always*      *Most of the time*      *Irregularly*      *Seldom*

The student cooperated with you and members of the staff

*Always*      *Most of the time*      *Irregularly*      *Seldom*

Please rate the quality of service rendered by this student

*Outstanding*      *Good*      *Fair*      *Poor*

Please rate the student's initiative in offering service

*Outstanding*      *Good*      *Fair*      *Poor*

Please rate the student's rapport with the people with whom he/she came into contact

*Outstanding*      *Good*      *Fair*      *Poor*

Your additional comments are most welcome.

Would you like other student volunteers from our school to contact you in the future regarding a community service project?

Yes      No

\_\_\_\_\_  
*Signature of Site Supervisor*

\_\_\_\_\_  
*Date*

**Please mail this evaluation form to:**

Mr. Brian Harrison  
Campus Minister  
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Dover, NH 03820  
603-742-3206 ext 254  
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