

Christian Community Service Evaluation Form

Archbishop Riordan High School
175 Phelan Ave. San Francisco 94112
Ph: 415-586-8200 Ext. 301 Fax: 415-587-1310

Student Name _____ / ARHS ID# _____

Name of Agency: _____

Date service began or continued: _____ / Date service completed: _____

Total of number of hours worked between these two dates: _____

Please circle the number that best describes the performance of the student:

1 = Needs improvement / 2 = Below average / 3 = Average / 4 = Good / 5 = Excellent

Relations with others 1 2 3 4 5

Attitude 1 2 3 4 5

Dependability 1 2 3 4 5

Quality of work 1 2 3 4 5

Attendance and punctuality 1 2 3 4 5

Comments (use other side if necessary) _____

Signature of Evaluator _____ Date: _____

Print Name _____ /Title: _____

Daytime Phone number: _____