



Western Michigan Christian School

Service Hours Evaluation

7th Grade - 10 hours / 8th Grade - 10 hours / Freshman Year - 10 hours / Sophomore Year - 10 hours / Junior Year - 15 hours (in community)

**If they are not turned in by the deadline each year 5 more are required*

Name: _____ Current Grade Level: _____

Date/s (work was performed): Month: _____ Date: _____ Year: _____ To

be completed by student: 1 = poor 5 = excellent

1. How many hours did you complete: _____ (*max # of hours accepted for 5 day mission trips = 30)
2. Was this experience worthwhile for you: 1 2 3 4 5
3. Did you feel useful: 1 2 3 4 5
4. Would you recommend this experience to others: 1 2 3 4 5

Give a brief description of the work you did, be specific and complete:

Volunteer work was performed for (person or agency):

Person to whom you were responsible (or supervisor): _____

Signature of student: _____ **Email:** _____

Evaluation (to be completed by supervisor): 1 = poor 5 = excellent

1. How many hours did the student complete: _____ (*max # of hours accepted for 5 day mission trips = 30)
2. Attitude of student: 1 2 3 4 5
3. Quality of worked performed: 1 2 3 4 5
4. Dependability: 1 2 3 4 5
5. Student's contribution to your agency: 1 2 3 4 5
6. Would you like another volunteer like this one: 1 2 3 4 5

Additional Comments:

Signature of supervisor: _____ **Phone:** _____

Please turn in sheets to Ms. Bosscher, School Counselor, by June 7, 2018, Office 209A