



LASALLIAN
EDUCATION

Transforming Lives Since 1680



CBC FRESHMAN AND SOPHOMORE SERVICE HOUR FORM

Student Name: _____ Circle one: Frosh Soph

Agency or name of person helped: _____

Supervisor of service (please Print): _____

Signature of Supervisor: _____

Email address of supervisor: _____

Parent signature: _____

Total # of hours completed for this service: _____ Date(s) of service: _____

Religion Teacher Signature: _____ Teacher Initials: _____

1. In one paragraph, tell me what you did.

2. In one paragraph, tell me what you learned.

3. In one paragraph, tell me why you would or would not consider doing this work again.

**PLEASE RETURN YOUR COMPLETED FORM TO
YOUR RELIGION TEACHER**

THIS SIDE IS TO BE COMPLETED BY THE SERVICE SITE SUPERVISOR.

For each of the following statements, please rate the student's performance with 5 being the highest ranking.

1. Attitude of the student.

1 2 3 4 5

2. Willingness to cooperate with supervisors or those being served.

1 2 3 4 5

3. Overall evaluation of the performance of the student.

1 2 3 4 5

4. Did the student _____fall below your expectations?

_____meet your expectations?

_____exceed your expectations?

5. Additional comments.

CBC thanks you for allowing us to be a part of your program.

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