

Community Service Credits

EVALUATION OF COMMUNITY SERVICE PROJECT BY NON-PROFIT AGENCY OR ORGANIZATION

You have been assisting a student from Terryville High School in carrying out his/her community service project. We appreciate the assistance you have rendered to this student. Would you please complete this form and return it to the student.

Name of Student: _____ Grade: _____

Address: _____

Describe the student's services _____

Indicate the date and time: Date: _____ Time: _____

Total number of hours student applied to this community service project:

Signature of Representative

Signature of STC/Guidance Counselor

Date