



COMMUNITY SERVICE VERIFICATION FORM

Date: _____

Student Name: _____

Student I.D Number: _____

Grade: _____

Star Raider: Y N

Recorded (office use): _____

Return ALL forms to your Class House or mail to:

College and Career Center

Neuqua Valley High School

2360 95th St.

Naperville, IL 60564

This is to certify that _____, a student at Neuqua Valley High

School, has completed _____ unpaid hours of service to me (our agency).

Dates the service occurred: _____

His/her duties involved the following responsibilities:

My/our evaluations of the following qualities of this student's service are:

	Excellent	Good	Fair	Needs Improvement
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (or agency name): _____

Address: _____
(street) (city) (state)

(Signature of person reporting)

(Position or title)

Telephone number where you can be reached for verification: _____

*Additional comments may be written on another sheet and attached to this form.

Thank you for your support of community service,
Bob McBride
Principal