

Saint Basil Academy
711 Fox Chase Road
Jenkintown, PA 19046

Time/Evaluation Form

Student Name: _____ Grade: _____ Due Date: _____

This paper is to be completed entirely by the Adult Supervisor of the student's volunteer work at the time of service completion.

Agency Information

Agency: _____

Adult Supervisor: _____

Agency Address: _____

Telephone: _____ Email: _____

Total Number of Service Hours Completed: _____

Dates of Service: From _____ to _____

Evaluation: Please complete the evaluation to the best of your ability. Rate the volunteer's service according to the following criteria: **VG** for Very Good, **G** for Good, **S** Satisfactory, **LS** Less than Satisfactory, **P** for Poor.

	VG	G	S	LS	P
Attitude toward work					
Attitude toward Supervisor					
Ability to cooperate with others					
Willingness to assume responsibility					
Punctuality					
Quality of Work					

Additional comments by the Supervisor: _____

Overall, I would rate the volunteer's service as _____

Signature of Evaluating Supervisor: _____ Date: _____