

COMMUNITY SERVICE COMPLETION FORM

Oklahoma Christian School

Name _____

Period _____

_____ has completed _____ hours for the (fall or spring) semester of the _____ school year at the following ministry, agency, or institution:

Supervisor evaluation:

Student Signature _____

Date _____

Supervisor Signature _____

Date _____

Parent Signature _____

Date _____

After Completing Your Community Service:

1. Did you enjoy this service project?

1	2	3	4
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

2. Is this something you would consider doing again?

1	2	3	4
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

3. Was this service project a “face-to-face” service?

1	2	3	4
Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

4. What “needs” were you able to meet by doing this community service?

5. Would you recommend this community service to one of your friends?

_____ YES _____ NO

Why or Why Not?
