

New Covenant School

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 Sandra W. Hancock, Principal Christine L. Phillips, Assistant Principal
 Member of the Association of Christian Schools International

Community Service Report

Student: _____ Month/Year: _____

Organization: _____

Supervisor: _____ Phone: _____

| DATE | HOURS WORKED | WORK DONE |
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For the supervisor to answer: (Please circle the correct column.)

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| 1) Did the student arrive for work on time? | Yes | No |
| 2) Did the student do the work assigned? | Yes | No |
| 3) Did the student have a good attitude? | Yes | No |
| 4) Did the student work the hours listed above? | Yes | No |
| 5) Has the student been a help to your organization? | Yes | No |
| 6) Do you wish the student to return next month? | Yes | No |
| 7) Have you had any problem with this student? | Yes | No |
| 8) Has the student been paid to do this work? | Yes | No |

Signature of supervisor: _____

If you answered NO on any of questions 1-6 or Yes on questions 7-8, please feel free to note on the back of this page what problems you encountered.