



LUTHERAN HIGH SCHOOL

Teaching Truth. Changing Lives.

COMMUNITY SERVICE PROJECT

Please complete the following information and submit to your Religion teacher:

STUDENT NAME: _____

STUDENT GRADE: FR SO JR SR

AGENCY/PLACE OF SERVICE: _____

ADDRESS: _____

PHONE #: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

DATE of SERVICE: _____ TOTAL HOURS: _____

Briefly describe your service to the agency:

Briefly describe your growth, development, and education while serving:

STUDENT SIGNATURE: _____ DATE: _____

SUPERVISOR EVALUATION

Please evaluate the student's work using the following scale:

5-Superior	4-Above Average	3-Average	2-Below Average	1-Inadequate
___ Ability to work within the context necessary			___ Ability to work with others	
___ Initiative and Independence			___ Overall Effectiveness	

Other Comments: _____

SUPERVISOR SIGNATURE

DATE