



CHRISTIAN COMMUNITY SERVICE LEARNING
Service Report Form



Archbishop Riordan High School | 175 Phelan Ave., San Francisco, CA 94112
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Student Name: _____ Class Year: _____

Name of Agency: _____

Date Service Began: _____ Date Service Completed: _____

TOTAL number of hours completed between these two dates as: SHED: _____
(SHED is direct service with the Sick, Homeless, Elderly, and/or Disabled) (AND/OR)
Support: _____

Please explain student's responsibilities and duties completed for SHED/Support service: _____

SUPERVISOR EVALUATION (MUST be completed by a supervising adult)

Please circle the number that best describes the student volunteer's performance:
1= Needs Improvement 2= Below Average 3= Average 4= Good 5= Excellent

Relations with others	1	2	3	4	5	Dependability	1	2	3	4	5
Attitude	1	2	3	4	5	Quality of Work	1	2	3	4	5
Attendance/Punctuality	1	2	3	4	5	Communication	1	2	3	4	5

Comments: _____

Signature of Evaluator: _____ Date: _____

Print Name: _____ Title: _____

Tel. #: (_____) _____ Email: _____