



Community Service Project Evaluation Form

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Candidate's Name: _____ Grade: _____

Completed _____ hours of community service, which began on _____

Please Check Off Where Applicable:

- Approach and attitude were positive
- Services or work performed were as directed
- Services or work performed were done in a responsible manner
- Services or work performed were a credit to the candidate and reflected a Christian attitude
- Other (Please specify below)

Supervisor's Signature: _____

Print Supervisor's Name: _____ Date: _____

Agency / Institution Name

Agency's Address