



CHRISTIAN SERVICE PROGRAM
SUPERVISOR FORM

Cathedral Catholic High School 5555 Del Mar Heights Road San Diego, CA 92130
 Telephone 858-523-4000, Ext. 1174 FAX 858-523-4087



This form is to be completed by the Christian Service Site SUPERVISOR and returned to the student to submit to the CCHS Office of Campus Ministry. Please complete the evaluation section below to be used with the student in reflection sessions on the Service experience. Hours are to be reported within three (3) months of completion. Thank you for your assistance with our students.

STUDENT NAME LAST _____ FIRST _____

Year of Graduation 20 _____

SUPERVISOR NAME _____
 (Please PRINT. May NOT be parents or CCHS teachers without prior approval.)

ORGANIZATION NAME _____
 (Must be a nonprofit or charity. May NOT be a private residence or business.)

SITE ADDRESS _____

TELEPHONE (____) _____

DATE (S) OF SERVICE **One Day:** _____ **and/or**
 (Month / Day / Year)
Multiple Days: From _____ to _____
 (Month / Day / Year) (Month / Day / Year)

Evaluation of Service: Please circle and add comment.

	Excellent	Above Average	Average	Below Average	Poor
Attitude	5	4	3	2	1
Leadership	5	4	3	2	1
Responsibility	5	4	3	2	1
Relationships	5	4	3	2	1
Follow-Through	5	4	3	2	1
Comments:					

TOTAL HOURS _____ **DIRECT*** _____ **INDIRECT**** _____

SUPERVISOR SIGNATURE _____ **DATE** _____

**INDIRECT=clerical, maintenance, environment, sales, event preparation, fundraising, festivals, parish breakfasts, animal care, marathons
 *DIRECT= person to person contact with those in need
 Revised 8/08 jfc