

**COMMUNITY SERVICE PARTICIPANT TIME AND EVALUATION SHEET**  
(print please)

**9/24/2015**

Participant's Name\*: \_\_\_\_\_ Probation Officer Name\*: \_\_\_\_\_

Total Number of Hours Required: \_\_\_\_\_

Work Site\*: \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Supervisor (print)\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Work Detail\*: \_\_\_\_\_

DATE *	HOURS WORKED*		DATE*	HOURS WORKED*

TOTAL HOURS COMPLETED AT ABOVE SITE\*: \_\_\_\_\_

Please rank the performance of the community service participant:\*

0-2	3-4	5-6	7-8
Unsatisfactory	Marginal	Successful	Exceptional
____ Dependability	____ Punctuality	____ Courteous to Staff Supervisor	____ Personal Appearance
____ Quantity of Work	____ Attendance	____ Courteous to Staff	____ Safety
____ Quality of Work	____ Initiative		

Suggestions and/or Comments:

When the client has completed the program, this form must be returned either by mail or in person to the site supervisor.

\_\_\_\_\_  
Supervisor's Signature \*                      **Print** Supervisor's Name\*                      Date\*

**When the client has completed the program, this form must be returned either by mail or by fax to:**

**Adult Probation   PO Box 1208   Butler, PA 16003-1208      Phone: 724-284-5259 Fax: 724-285-8762**

\*Mandatory fields

Verified by PO \_\_\_\_\_ Date: \_\_\_\_\_