

COMMUNITY SERVICE PARTICIPANT TIME AND EVALUATION SHEET

9/24/2015

(print please)

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 Unsatisfactory	3-4 Marginal	5-6 Successful	7-8 Exceptional
<input type="checkbox"/> Dependability	<input type="checkbox"/> Punctuality	<input type="checkbox"/> Courteous to Staff Supervisor	<input type="checkbox"/> Personal Appearance
<input type="checkbox"/> Quantity of Work	<input type="checkbox"/> Attendance	<input type="checkbox"/> Courteous to Staff	<input type="checkbox"/> Safety
<input type="checkbox"/> Quality of Work	<input type="checkbox"/> 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: _____