

**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
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<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: \_\_\_\_\_