

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	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: _____