

**RELIGIOUS STUDIES 15, 25, and 35 SERVICE PROJECT  
(Supervisor Form)**

Date: \_\_\_\_\_

Name of student volunteer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Contact Phone: \_\_\_\_\_

1. Please describe the volunteer work which this student did for you.
  
  
  
  
  
  
  
  
  
  
2. Describe this volunteer's greatest asset.
  
  
  
  
  
  
  
  
  
  
3. What has been the most outstanding area of improvement for this volunteer?
  
  
  
  
  
  
  
  
  
  
4. What specific skills has the volunteer learned from this experience?

**Supervisor's Report**

***General Appraisal***

Please evaluate the student volunteer in the areas listed below. Please use the evaluation criteria in the box below

- \_\_\_\_ Ability to work with others
- \_\_\_\_ Completion of tasks assigned
- \_\_\_\_ Attendance
- \_\_\_\_ Initiative and independence
- \_\_\_\_ Overall effectiveness

S= Superior AA= Above Average A=Average BA=Below Average U=Unsure
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Number of hours completed : \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Please give this form to the student volunteer to return to the school.  
Your comments or suggestions are welcomed. Please contact your Religious Studies teacher if you have any questions., St. Gabriel Cyber School. Phone (780) 459-6616 Fax (780)-459-6606