



NOTRE DAME HIGH SCHOOL

**STUDENT CHRISTIAN SERVICE PROGRAM
2024-2025 EVALUATION FORM**

IT IS THE STUDENT’S RESPONSIBILITY TO COMPLETE THE TOP OF THIS FORM, TO ASK FOR A SIGNATURE, AND TO RETURN THE FORM TO DEACON BOWMAN AT NOTRE DAME

To be completed by the student:

Student Name: _____ Grade: _____

Name of the Agency: _____ Name of the Event: _____

Freshman, was this a Christian organization? Circle one: YES NO

Task Performed (What did you do?):

Date(s) Service Performed: _____ Year: _____ Start and End Time: _____

Total Hours for this task: _____

To be completed by the “supervisor” of this task:

Did the student perform the assigned tasks in a satisfactory manner? (Please circle one)

YES NO

Additional Comments (Optional):

Name (Please Print): _____ Signature: _____

Title: _____ Organization: _____

Phone number or email: _____