

Schlarman High School
Faith Alive Christian Service Learning Program
Agency Project Verification Form
Completed by Agencies and Civic Organizations Receiving Service

The person requesting service by Schlarman Students should complete this form at the completion of the service request and return it in the postage paid envelope provided. **Please mail within 48 hours** after the conclusion of the service provided by Schlarman students. If you have any questions, please call 217-442-2725 during school hours for assistance. Thank you for assisting with the Faith Alive Program!

 Name of Agency or Organization Telephone Number

 Your Name Title

Date of Service	Student Name	Hour Served
Additional Names and Hours May Be Added on the Reverse Side		

Please give a general evaluation of student participation. Circle the appropriate number for each area.

1 - Excellent 2 - Good 3 - Average 4 - Inconsistent/Fair 5 - Poor NA - Not Applicable

Cooperated/Followed Established Guidelines	1	2	3	4	5	NA
Followed through on Project/Trustworthy/Dependable	1	2	3	4	5	NA
Worked well with others: co-workers and those served	1	2	3	4	5	NA
Displayed a Christian/positive attitude	1	2	3	4	5	NA
Took initiative/Exceeded Expectation	1	2	3	4	5	NA
Attendance was followed as agreed upon for the project	1	2	3	4	5	NA
Appearance and clothing were appropriate for the project	1	2	3	4	5	NA

Date: ___/___/___ Signature: _____

For Office Use Only

Date Received: _____ Follow Up Needed : __ Yes __ No Hours Posted: _____