Schlarman High School
Faith Alive Christian Service Learning Program
Supervisor Verification Form

Use for Gold Projects Only

This form may be completed online at www.schlarman.com

The person directly supervising the student should complete this form at the completion of the Gold Project. Please indicate the total number of hours the student completed and evaluate his or her performance at this project. If you have any questions, please call 217/442-2725 during school hours for assistance. Thank you for assisting with the Faith Alive Program!

_____ _____
Student's Name Year of Graduation

_____
Name of Organization

_____ _____
Supervisor's Name Title

The number of hours actually completed by this student from _____ to _____ is _____ hours

Starting Date Ending Date Total Hours

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

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

Cooperation with Supervisor/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 supervisor's 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

Additional Comments may be added to the reverse side.

Date: ____/____/____ Supervisor Signature: _____

Please submit: Faith Alive, Schlarman High School, 2112 North Vermilion Street, Danville, Illinois 61832 or Fax to 217-442-0293. Thank you for supporting Faith Alive.

For Office Use Only

Date Received: _____ _ Follow Up Needed :__Yes __No Verified Hours: _____