

Schlarman Academy Faith Alive

Gold Service Project

Supervisor Verification Form

The person directly supervising the student 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-Inconsistant/Fair	5-Poor	NA-Non 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 project					1 2 3 4 5 NA

Additional Comments may be added to the reverse side.

Date: _____ Supervisor Signature _____

Please submit: Faith Alive, Schlarman Academy, 2112 N Vermilion, Danville, IL 61832.
 Fax number: 217-442-0293. Thank you for supporting Faith Alive.

For Office Use Only

Date Received _____ Follow up Needed: Yes / No Verified Hours: _____