



SUPERVISOR FORM

Name of Volunteer: _____

Agency: _____

Supervisor: _____

Date: _____

Number of Service Hours: _____

Dear Community Service Supervisor:

The student whose name appears above is a volunteer in your program. Would you please complete the form below as it relates to him/her and return it to the student or to St. Pius X School at your earliest convenience. Should you need to contact us, you may do so at 508-398-6112.

Thank you!

Mrs. Ellen Goulet
Middle School Religion Teacher

Please rank this student according to the following:

5 – Excellent 4 – Very Good 3 – Good 2 – Fair 1 – Poor

Attendance: 5 4 3 2 1

Attitude: 5 4 3 2 1

Performance: 5 4 3 2 1

Comments: _____

Signature of Supervisor: _____

Again, many thanks!

321 Wood Road • South Yarmouth, Massachusetts 02664 • 508-398-6112 • www.spxschool.org