



STUART HALL SCHOOL

COMMUNITY SERVICE REPORTING FORM

Please return to Mrs. Munsey!

Student Name: _____ Grade: _____

Organization: _____

Explanation of Project or Work Completed:

Date(s) of Project: _____

Number of Hours Completed: _____

For the Supervisor

By signing below, you confirm that the student named above worked the number of hours listed. Please also comment on the motivation and dependability of the student and any other characteristics relating to the performance of service:

Supervisor's Signature: _____

Date: _____