



**HORIZON**  
CHRISTIAN SCHOOL

**CHRISTIAN SERVICE PROGRAM**

(Community Service Hours)

**SUPERVISOR REPORT**

*NOTE: Time spent in preparation or transportation is not counted toward the service hours. Only time in which the student is actively engaged in the activity will be credited.*

**TO BE COMPLETED BY THE AGENCY OR RECIPIENT OF THE SERVICE  
WHEN ASSIGNMENT IS CONCLUDED**

PLEASE PRINT

Student Name \_\_\_\_\_ Class of \_\_\_\_\_

Student's Grade: Circle 9 10 11 12

Agency/Individual Receiving Service \_\_\_\_\_

Agency Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contact Person/Supervisor \_\_\_\_\_

**NUMBER OF HOURS STUDENT SERVED** \_\_\_\_\_

What did the student do? \_\_\_\_\_

Please comment on the quality of the work performed, attitude, and appearance:

**Signature of Supervisor/Contact Person:**

\_\_\_\_\_ Date \_\_\_\_\_

**STUDENT: PLEASE RETURN THIS FORM, WITH BOTH SIDES  
COMPLETED, TO THE GUIDANCE OFFICE.**

**SERVICE LOG**

**TO BE COMPLETED BY THE AGENCY OR RECIPIENT OF THE SERVICE  
DAILY OR AS ASSIGNMENT IS IN PROCESS.**

**STUDENT NAME** \_\_\_\_\_

**Agency/Individual Receiving Service** \_\_\_\_\_

<b>Date of Work Performed</b>	<b># of Hours Performed</b>	<b>Signature of Supervisor</b>

**Total number of Hours Performed by Student at this site** \_\_\_\_\_

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COMPLETED, TO THE GUIDANCE OFFICE.**