

Georgetown Day School Community Service Program
Post-Service Evaluation Form

Student's Name _____ **Class of** _____

Advisor _____

Organization Name _____

Actual Dates of Service From _____ To _____

Total Hours Completed: _____ **Today's Date** _____

PART 1: CONFIRMATION OF HOURS

NB: In all cases, a signature, description of work done, and total of hours completed is required

- OPTION 1: A certificate from the organization I served is attached.
- OPTION 2: A time sheet from the organization I served is attached.
- OPTION 3: A GDS service time sheet is attached and is signed by my supervisor at the organization where I completed my service.
- OPTION 4: Please have your on-site supervisor complete the following and attach a business card.

I confirm that the student named above completed a total of _____ hours while working with the organization named above.

On-Site Supervisor _____ **Title** _____

Supervisor Email _____ **Contact Phone** _____

Brief description of work completed by student: _____

Signature: _____ **Date:** _____

PART 2: REFLECTION TYPE

Your reflection should answer two (2) fundamental questions: 1) How did your service benefit others? 2) How did it transform you? See suggested reflection topics and questions for more details (online and attached).

- OPTION 1: Turned in journal reflecting on experience (minimum 10 handwritten pages)
- OPTION 2: Turned in 3-5 page typed, double-spaced reflection (page 3 must be full page)
- OPTION 3: Made an oral or visual presentation to CS director, advisor, or grade dean

I (print name) _____ certify that the student named above made a 20 minute oral / visual (circle 1) reflection on his/her service to me on _____ (date).
Signature: _____ **(or attach signed reflection form)**

- OPTION 4: Other (must be approved by CS Director): _____

Student's Signature _____ **Date** _____

FOR OFFICE USE

Signature of Receipt _____ **Date** _____

Entered to CSSL by _____ **Date** _____