

**KINGS HIGH SCHOOL COMMUNITY SERVICE**  
**STUDENT REFLECTION RECORD**

**STUDENT'S NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**NATURE OF THE SERVICE** \_\_\_\_\_

**SUPERVISOR** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DATE (S) OF SERVICE** \_\_\_\_\_ **NUMBER OF HOURS** \_\_\_\_\_

**LOCATION OF THE SERVICE** \_\_\_\_\_

**If necessary, please use the space provided and also the back of this sheet for your answers.**

Please describe what benefits that you, the Kings School System, and the community received from your involvement in this activity?

Please describe both the positive and the negative aspects of this particular activity?

Would you participate in this activity again and would you recommend it to a fellow student? Regardless of your answers, please give specific reasons for your choices.

What is single the most valuable lesson you learned from this experience?

**KINGS HIGH SCHOOL COMMUNITY SERVICE  
SUPERVISOR EVALUATION RECORD**

STUDENT'S NAME \_\_\_\_\_ DATE (S) \_\_\_\_\_

DUTIES \_\_\_\_\_

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**SUPERVISOR: Please evaluate the student's performance on a scale of 4 - 1.  
(4 - Excellent, 3 - Good, 2 - Fair, and 1 - Poor)**

**4**                    **3**                    **2**                    **1**

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**Is Dependable**

\_\_\_\_\_

**Is Cooperative**

\_\_\_\_\_

**Follows Directions**

\_\_\_\_\_

**Attitude**

\_\_\_\_\_

**Punctuality**

\_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

**Your comments are a necessary part of the student's evaluation process. Please record any comments, suggestions, or ideas you might have below. Thank you!**

**This form must be returned by the student or mailed to: Community Service Coordinator, Kings High School, 5500 Columbia Road, Kings Mills, Ohio 45034**  
**A reminder of no more than 20 hours per activity, however, no more than 50 hours from one organization stands as a guideline. Any questions, please contact Mrs. Mills at 398-8050, Ext. 11004 or Mrs. Murray at 398-8050, Ext. 11005.**