

CENTRAL BUCKS WEST NATIONAL HONOR SOCIETY
***SCHOOL SERVICE* EVALUATION FORM**
 (make copies as needed for section I)

TO BE COMPLETED BY APPLICANT:

Name of Student: _____ Date(s): _____

Activity: _____ Estimate number of hours served: _____

Participated: ☐ 10th ☐ 11thAnticipated to participate: ☐ 12th*TO BE COMPLETED BY ADVISER/COACH/COORDINATOR OF ACTIVITY:*

Adviser/Coordinator of Activity: _____ (please print)

Adviser's signature: ✕ _____

Adviser's Email Address: _____

Adviser's Phone Number: _____

Please rank the above student in the following categories (1 being lowest and 5 being highest):

- | | | | | | |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| • Commitment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| • Ability to work with others | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| • Integrity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Can you confirm this student contributed a minimum of 10 hours service with your activity? ☐ YES ☐ NOAre there any REQUIRED activities that could be considered community service hours? ☐ YES ☐ NO

If you selected YES, please explain the requirements:

Is the above student:

- An appointed/elected leader ☐ YES ☐ NO

If you selected YES:

Who appointed/elected:

- ☐ Adviser/Coach
☐ Peers

What is the position: _____

If elected/appointed for the upcoming school year did the above student do any work thus far towards his/her position:

☐ YES ☐ NO

After completion, this form should be placed in a sealed envelope (provided by the student), SIGNED OVER THE SEAL, and returned to the student. Thank you for your time.