

Mat-Su Youth United
Community Service Exit Form

PART 1 This section is to be completed by the student

Student Name: _____

Organization Name: _____

Supervisor's Name: _____ Phone Number _____

Supervisor's Job Title: _____

1. Briefly describe the community service activity: _____

2. Dates of community service activity:

From: _____
(month/ year)

To: _____
(month/year)

Part II This section is to be completed by the agency supervisor

3. Total # of hours worked: _____ (See student's Hour Log Sheet)

4. **Work Maturity Skills :** Rate the participant's overall performance on the Work Maturity Skills listed below. Circle the description that is closest to the participant's overall performance while at your worksite. If the participant has not been observed performing one of the Work Maturity Skills, please mark **N/A (not applicable)**

1=Extremely Competent 2= Competent 3= Not Competent

(Please circle one)

Attendance & Punctuality 1 2 3 N/A

Work Quality & Habits 1 2 3 N/A

Communication 1 2 3 N/A

Getting Along with Co-Workers 1 2 3 N/A

Following Directions 1 2 3 N/A

Appearance 1 2 3 N/A

Attitude 1 2 3 N/A

5. Comments: _____

Supervisor's Signature

Date