

**COMMUNITY SERVICE WORK PROGRAM
EVALUATION FORM**

**THE COMMUNITY SERVICE COORDINATOR MUST REVIEW THIS FORM WITH DEFENDANT BEFORE HE/SHE
BEGINS COMMUNITY SERVICE WORK.**

1. DID THE DEFENDANT ABIDE BY ESTABLISHED SCHEDULE FOR COMPLETING COMMUNITY SERVICE WORK?

YES NO

COMMENTS: _____

2. WAS THE DEFENDANT COOPERATIVE, AND WILLING TO DO TASKS WHICH HE OR SHE WAS CAPABLE OF DOING?

YES NO

COMMENTS: _____

3. DID THE DEFENDANT STAY ON TASK WITHOUT CONSTANT PRODDING?

YES NO

COMMENTS: _____

4. WHAT TYPE OF COMMUNITY WORK DID HE OR SHE PERFORM? _____

5. DID THE DEFENDANT CONDUCT HIMSELF OR HERSELF IN AN APPROPRIATE MANNER FOR YOUR WORK SETTING?

YES NO

COMMENTS: _____

6. DID HE OR SHE INDICATE A DESIRE TO BECOME A VOLUNTEER IN YOUR AGENCY?

YES NO

OTHER COMMENTS, IF ANY: _____

HOW WOULD YOU RATE HIS/HER PERFORMANCE OF THE COMMUNITY SERVICE WORK?

- | | |
|--|---|
| <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> *BELOW AVERAGE |
| <input type="checkbox"/> ABOVE AVERAGE | <input type="checkbox"/> *POOR |
| <input type="checkbox"/> AVERAGE | |

***DEFENDANTS PERFORMING COMMUNITY SERVICE WORK AT BELOW AVERAGE OR POOR LEVELS SHOULD BE REFERRED BACK TO THE CS COORDINATOR IMMEDIATELY. WORK PERFORMED AT THESE LEVELS WILL NOT BE ACCEPTABLE.**

NAME OF RECIPIENT AGENCY

DATE

NAME OF RECIPIENT AGENCY SUPERVISOR

THIS FORM IS TO BE COMPLETED BY THE RECIPIENT AGENCY SUPERVISOR AFTER THE DEFENDANT COMPLETES THE ASSIGNED NUMBER OF HOURS. THE DEFENDANT MUST RETURN THIS FORM TO THE COURT. A SIGNATURE ON THIS FORM VERIFIES THE HOURS WORKED BY THE DEFENDANT AS LISTED. PLEASE GIVE AN HONEST EVALUATION WITH ANY HELPFUL COMMENTS.