THE HIGH SCHOOL OF
SAINT THOMAS MORE

#4

Living the Faith Verification Form

This form should be completed at the conclusion of the project or school term by the person directly supervising the student. Please indicate the total number of hours the student worked and evaluate his or her performance of this project. When finished, please return this form to *Rev. Robert Lampitt, Chaplain, The High School of Saint Thomas More, 3901 North Mattis, Champaign, Illinois, 61822.*

Student _____ Class of 20_____

Supervising Agency _____

Supervisor's Name _____ Title _____

The number of hours actually worked by this student from _____ to _____ is _____ hours.

Please give a general evaluation of the student's participation. Circle the appropriate number for each area.

1 – Excellent 2 – Good 3 – Average 4 – Fair 5 – Poor

Cooperation with Supervisor/followed established guidelines	**1 2 3 4 5**
Followed through on project/dependable/trustworthy	**1 2 3 4 5**
Worked well with others: co-workers and those served	**1 2 3 4 5**
Displayed a Christian/positive attitude	**1 2 3 4 5**
Took initiative/exceeded supervisor's expectations	**1 2 3 4 5**
Appearance and clothing were appropriate for the project	**1 2 3 4 5**

Additional comments:

Supervisor Signature: _____ Date: _____

Date Received: _____ Follow-up needed: ❒ Yes ❒ No Verified Hours: _____