

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

TO BE COMPLETED BY APPLICANT:

Name of Student: _____ Date(s): _____

Activity: _____

Participated: 10th 11th

Anticipated 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 1 2 3 4 5
- Ability to work with others 1 2 3 4 5
- Integrity 1 2 3 4 5

Are 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.