



**WALTER O. KRUMBIEGEL MIDDLE SCHOOL**

*"Aspire to Inspire!"*

Antoine L. Gayles, Ed. D.  
Superintendent of Schools

Joyce M. Caine  
Principal

Ralph Rotando  
Vice Principal

**COMMUNITY SERVICE FORM**

Student completing Community Service: \_\_\_\_\_

Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Community Service Evaluation**

Date of Community Service: \_\_\_\_\_

Place Community Service was completed: \_\_\_\_\_

Number of Community Service Hours: \_\_\_\_\_

Community Service Supervisor – please rate performance and sign:

Excellent

Satisfactory

Unsatisfactory

Supervisor's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Personal Reflection**

Description of Community Service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What I learned from this community service experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Reminder: 2 hours of community service each quarter are required for 8<sup>th</sup> graders. 8<sup>th</sup> graders are not allowed to participate in the quarterly trips (including snow tubing, water park, and the social) if their community service hours are not met.*