

### Community Service/Work Experience Assignment and Site Report

(to be completed and returned to DCF no later than 5 days following the last day of the assignment month)

Participant Name:	ID#:	Assignment Month:
Address:	Phone:	DCF Case Manager:

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ Report To: \_\_\_\_\_

Number of Hours to be worked per month: \_\_\_\_\_ Address: \_\_\_\_\_

Community Service/Work Site Supervisor: \_\_\_\_\_  
 Supervisor's Phone #: \_\_\_\_\_

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**ENTER NUMBER OF ACTUAL HOURS WORKED EACH DAY DURING THE MONTH**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

√Performance Evaluation (please rate each item on a scale of 1 - 10, with 10 being outstanding and 1 being unsatisfactory)

Punctuality: _____	Accepts Supervision: _____
Attendance: _____	Ability to Work with Others: _____
Dependability: _____	Appearance: _____

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Comments: \_\_\_\_\_

Community Service/Work Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_