

Putnam County Charter School System

Putnam County High School

COMMUNITY SERVICE VALIDATION DOCUMENT

Student Name _____ Advisor _____ School Year _____

Agency/Organization	Type of Service	Hours	Date	Performance Evaluation	Phone # of Person Responsible	Signature of Person Responsible

LEGEND: OUTSTANDING / EXCELLENT / GOOD / FAIR / POOR

TOTAL HOURS (5 hours minimum) _____ **Date of Summary Sheet Completion** _____

PARENT /GUARDIAN SIGNATURE _____

STUDENT SIGNATURE _____

ADVISOR SIGNATURE _____

