



ARDENNE HIGH SCHOOL - COMMUNITY SERVICE PROGRAMME

10 Ardenne Road, Kingston 10
Telephone (876) 927-8138/927-9519 FAX: (876) 927-4754
Committed to serve as we ...Seek the Best

AHS/CSP/ASL/2024-2025

QUALITATIVE REPORT

Please make a summative evaluation of the areas listed below, for

Name of student: _____

Class _____, having completed the agreed Activity Service Project

AREAS	COMMENTS				
	Excellent	Very good	Good	Satisfactory	Poor
Conduct					
Initiative					
Punctuality					
Participation					
Co-operation					
Work attitude					
Dependability					
Ability to work with others					
Any other comment					

1. Please place a numerical grade (not a letter grade) between 1 to 10 in the appropriate box.
2. Key to Grade:
 - 9 -10 = Excellent
 - 7 - 8 = Very Good
 - 5 - 6 = Good
 - 3 - 4 = Satisfactory
 - 0 - 2 = Poor

Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Organization Stamp: _____

This page must be THOROUGHLY completed by the assigned supervisor.