ARDENNE HIGH SCHOOL - COMMUNITY SERVICE PROGRAMME

10 Ardenne Road, Kingston 10
Telephone (876) 927-8138/927-9519 FAX**: (876) 927-4754** **AHS/CSP/ASL/2025-2026**

Committed to serve as we …Seek the Best

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.