**ARDENNE HIGH SCHOOL - COMMUNITY SERVICE PROGRAMME**

**10 Ardenne Road, Kingston 10**
**Telephone (876) 927-8138/927-9519 Fax: (876) 927-4754** **AHS/CSP/ASL/2025-26**

**Committed to serve as we …Seek the Best**

## TASK CARD

**Name of Student** _____ **Class:** _____

| Date | Activity/Service/Project | Location | No. of Hours | Numerical Grade | Signature of Supervisor |
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**TOTAL HOURS COMPLETED:** _____ **ORGANIZATION STAMP:** _____

1. Please make a summative assessment of each task performed. Place a **numerical** grade (not a letter grade) from 1 to 10, in the appropriate box.
2. **Minimum hours to serve = 1 hour - Maximum hours to serve = 3 hours**
3. Key to Grade:

| | |
|---|---|
| A = 9 – 10 Excellent | C = 3 – 5 Meet expectation |
| B = 6 - 8 Above expectation | D = 0 – 2 below expectation |

**This page must be THOROUGHLY completed by the assigned supervisor.**