

**WASHOE COUNTY DEPT. OF JUVENILE SERVICES
COMMUNITY SERVICES ASSIGNMENT AND EVALUATION FORM**

NAME: _____ # OF HOURS ASSIGNED: _____
 AGE: _____ COMPLETION OR DUE DATE: _____
 MEDICAL LIMITATIONS OR ALLERGIES: _____
 PARENTS NAME: _____
 ADDRESS: _____
 HOME PHONE: _____ WORK PHONE: _____
 PROBATION OFFICER: _____
 PO'S OFFICE #: _____ PO'S FAX #: 325-7921 or 325-7923

JOB SITE: _____
 JOB SITE SUPERVISOR: _____ PHONE #: _____

*****MUST BE A NONPROFIT ORGANIZATION*****

Examples of nonprofit organizations include: Churches, Retirement centers, Youth Sports Organizations, Parks and Recreation Departments, Thrift Stores, Homeless Shelters, Schools, etc.

TIME SHEET

DATE	TIME IN/OUT	# OF HOURS WORKED	JOB DUTIES (WHAT DID S/HE DO?)

OVERALL PERFORMANCE SUMMARY (circle one)

ATTITUDE	POOR	AVERAGE	HIGH
INITIATIVE	POOR	AVERAGE	HIGH
TRUSTWORTHINESS	POOR	AVERAGE	HIGH
ATTENDANCE/PUNCTUALITY	POOR	AVERAGE	HIGH
ACCEPTS SUPERVISION AND DIRECTION AND REACTS POSITIVELY TO STAFF PRESSURES	POOR	AVERAGE	HIGH
WORKS COOPERATIVELY AND REACTS POSITIVELY TO PEER PRESSURES	POOR	AVERAGE	HIGH
USE OF MATERIALS/TOOLS	POOR	AVERAGE	HIGH

PLEASE COMMENT ON THE YOUTH'S PERFORMANCE: _____

JOB SITE SUPERVISOR SIGNATURE: _____ DATE: _____
 REVISED 09/06