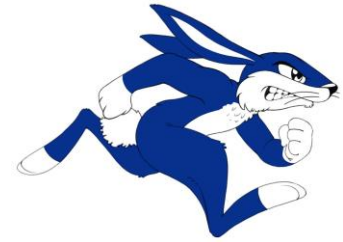


Kansas School for the Deaf



Community Service

(To be filled out by Supervisor or Parent after completing hours)

Kansas School for the Deaf 450 E Park Street Olathe, Kansas 66061 (913) 210-8132

Student Name :

Total Number of Community Service Hours Worked:

How has your service helped the community or your school?

Supervisor or Parent/Guardian Evaluation

Would you use this student again for another activity?

YES: ___ NO: ___

Additional Comments:

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Return to: **Kelly Grove, Community Service Coordinator**
kgrove@kssdb.org