

Jamaica College  
189 Old Hope Road  
Kingston 6  
Jamaica.

Date:

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Dear Sir/Madam:

In today’s society and particularly where our youths are concerned, it is imperative that we inculcate in them a spirit of volunteerism and the need to give back to the community.

As a means of helping our students become more rounded, helpful and civic minded individuals, Jamaica College has incorporated a Community Service Programme in the fifth form curriculum.

We are kindly asking if you could accommodate this student by allowing him to do his tenure of service with your organization. Each student will be required to complete a total of **thirty (30) hours** community service. At the end of each visit, we would be grateful if you would complete the record sheet provided. At the end of the thirty (30) hours, fill out and stamp the evaluation sheet. These should be returned to the school by April 30 and will be placed on the student’s school record.

Your assistance would be greatly appreciated.

Yours Sincerely,

.....  
Mr. Wayne Robinson  
Principal (Acting)

## Grade 11 Community Service Suggested Areas where Students May Assist

### Internal/ In-House Community Service

- Home Work Programme- helping students with homework or in a particular subject area
- Library
- Breakfast Programme
- Bookshop
- Sick Bay

### External

- Hospitals
- Community Clinics
- Golden Age Home
- Children's Home
- The School for the Blind and Visually Handicapped
- Home Work Programs (in Community Centers or at Church)
- Library
- Teaching Sunday School Classes

Students may opt to help in other areas not included on this sheet but they must first get the approval of their grade supervisor for the areas in which they plan to serve.

After **each** visit the record sheet should be signed and **at the end of the Thirty (30) hours** the evaluation sheet provided should be **filled out and stamped** by the person who supervised the student and **returned to the school by April 30.**



# STUDENT'S PERFORMANCE EVALUATION FORM

Name of Student: .....

Name of Organization: .....

Telephone Number of Organization: .....

Supervisor's Name: .....

Period Covered: .....

Date of Evaluation: .....

	Excellent	Very Good	Good	Fair	Unsatisfactory	Comments
Quality of student's work						
Dependability						
Takes Initiative						
Takes directions well						
Work Attitude						
Communication with others						
Regular Attendance/ Punctuality						
Student's Performance						

**Areas of Strength:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Areas of Weakness:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Signature:** .....

**Date:** .....