

U. S. PROBATION COMMUNITY SERVICE EVALUATION FORM

Probation Officer _____

Telephone _____

U. S. Probation Office
 517 East Wisconsin Avenue
 001 Federal Building
 Milwaukee, WI 53202

FOR THE MONTH OF _____ YEAR _____

Community Service Agency _____

Community Service Site Supervisor _____

Telephone Number _____

Supervisee _____

Community Service (Duties) Performed _____

Supervisee's Schedule _____

	1st Week	2nd Week	3rd Week	4th Week
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

TOTAL HOURS WORKED FOR THE MONTH

INSTRUCTIONS: This form is not to be completed by the volunteer. It is to be completed by the person supervising the placement and mailed to the probation office at the address above within five working days after the end of each month.

COMMENTS (Including attendance, performance concerns) _____

Hours Verified by (Signature/Title) _____ DATE _____