



**S P R I N G F I E L D
CATHOLIC
S C H O O L S**

Springfield Catholic High School
2340 South Eastgate
Springfield, MO 65809
417-887-8817 • Fax:417-885-1165
www.scspk12.org/schs1

SERVICE REPORT

Student's Name _____

Date(s) of Service _____
(mm/dd/yr)

Name of Service Organization _____

Please describe the type of service you performed: _____

What did you like the best and the least about the service? _____

What did you learn from this service? What insights did you gain? _____

Will you perform this service again? Why or why not? _____

-----**TO BE COMPLETED ONLY BY SUPERVISOR**-----

Number of hours served by the student: _____

Supervisor Signature: _____

Phone No. _____