

Putnam County Charter School System

Putnam County High School

**COMMUNITY SERVICE VALIDATION DOCUMENT**

Student Name \_\_\_\_\_ Advisor \_\_\_\_\_ School Year \_\_\_\_\_

Agency/Organization	Type of Service	Hours	Date	Performance Evaluation	Phone # of Person Responsible	Signature of Person Responsible

**LEGEND: OUTSTANDING / EXCELLENT / GOOD / FAIR / POOR**

**TOTAL HOURS (5 hours minimum)** \_\_\_\_\_ **Date of Summary Sheet Completion** \_\_\_\_\_

**PARENT /GUARDIAN SIGNATURE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_

**ADVISOR SIGNATURE** \_\_\_\_\_

