

LIVING THE GOSPEL
SKUTT CATHOLIC CHRISTIAN SERVICE FINAL ASSESSMENT

Name: _____ Graduation Year: _____ Date: _____

Advisor: _____ Mentor: _____

<u>Living the Gospel Criteria</u>	<u>Exceeded Expectations</u>	<u>Met Expectations</u>	<u>Did Not Meet Expectations</u>
1. Student met deadlines for turning in paperwork. Comments:	_____	_____	_____
2. Student has appropriate number of service hours for grade level. Comments:	_____	_____	_____
TOTAL CREDIT HOURS	_____	DIRECT HOURS	_____
		_____	NON-CREDIT HOURS

3. Student has hours in at least 2 categories. Comments:	_____	_____	_____
4. Student demonstrated an attitude of generosity to do service rather than one of duty to fulfill hours. Comments:	_____	_____	_____
5. Student went beyond "comfort zones" to fulfill service requirement. Comments:	_____	_____	_____
6. It is obvious that the student met with mentor about each service performed. Comments:	_____	_____	_____
7. OVERALL ASSESSMENT	_____	_____	_____

PASS OR FAIL _____

SIGNATURE OF STUDENT

SIGNATURE OF ADVISOR

CAMPUS MINISTRY RECORD _____