COMMUNITIES Supporting SCHOOLS OF WAYNE COUNTY

Restorative Justice PROGRAM

COMMUNITY SERVICE LOG

Name: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours to complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Assignment: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The signature by the agency supervisor verifies the hours worked by the juvenile. Please give an honest evaluation of hours worked. Poor performance should be noted and reported to the Teen Court Coordinator**.

|  |  |  |
| --- | --- | --- |
| Date | Hours Worked | **Verified by:** |
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|  |  |  |
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|  |  |  |
|  |  |  |
| **Total hours:** |  |  |

How would you rate the juvenile’s job performance? (circle one)

# Excellent Good Fair Poor

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

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### Supervisor’s Signature Date

**Please mail completed form to: Barbara Nelson**

##### Restorative Justice Program Director

**PO Box 11557**

**Goldsboro, N.C. 27532-1557**

**Phone: 919-735-1432 ~ Fax: 919-734-9994**

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