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Darren Myers, School Counselor dmyers@rsd17.org

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HADDAM-KILLINGWORTH HIGH SCHOOL

95 Little City Road ~ Higganum, CT 06441 Tel: (860) 554-5750 ~ Fax: (860) 345-4741 www.rsd17.org

Alexandria Stone, School Counselor astone@rsd17.org

Shiloh Estrom, School Counseling Secretary sestroms@rsd17.org

Counselor	
Approved:	
Date:	

COMMUNITY SERVICE DOCUMENTATION FORM

A student will not be allowed to participate in GRADUATING SENIOR PRIVILEGES including a parking space, senior prom, senior outing, etc., until he/she has COMPLETED and DOCUMENTED the 30 hours of community service required for graduation. Forms must be turned into the Guidance/Counseling Office for documentation—there will be NO exceptions.

YEAR OF GRADUATION (CIRCLE): 2021 2022 2023 2024 COUNSELOR NAME (CIRCLE): Baerlein Myers Stone Pace PLEASE PRINT LEGIBLY ~ TO BE COMPLETED BY SERVICE SUPERVISOR NAME OF SUPERVISOR	NAME							
TO BE COMPLETED BY SERVICE SUPERVISOR NAME OF SUPERVISOR NAME OF ORGANIZATION DATE(S) OF SERVICE TOTAL NUMBER OF HOURS COMPLETED DESCRIBE SERVICE PERFORMED Was the service completed without pay? Was the student service acceptable to you and the organization? Is this a non-profit organization?	YEAR OF GRADUATION (CIRCLE):	2021	2022	2023	2024			
NAME OF SUPERVISOR NAME OF ORGANIZATION DATE(S) OF SERVICE TOTAL NUMBER OF HOURS COMPLETED DESCRIBE SERVICE PERFORMED Was the service completed without pay? Was the student service acceptable to you and the organization? Is this a non-profit organization?	COUNSELOR NAME (CIRCLE):	Baerlein	Myers	\$	Stone	Pac		
NAME OF SUPERVISORNAME OF ORGANIZATION DATE(S) OF SERVICETOTAL NUMBER OF HOURS COMPLETED DESCRIBE SERVICE PERFORMED Was the service completed without pay? YES NO Was the student service acceptable to you and the organization? YES NO Is this a non-profit organization?	~ PLEASE PRINT LEGIBLY ~							
DATE(S) OF SERVICETOTAL NUMBER OF HOURS COMPLETED DESCRIBE SERVICE PERFORMED Was the service completed without pay? YES NO Was the student service acceptable to you and the organization? YES NO Is this a non-profit organization?	TO BE COMPLETED BY SERVICE SU	JPERVISOR						
Was the service completed without pay? Was the student service acceptable to you and the organization? Is this a non-profit organization? YES NO YES NO	NAME OF SUPERVISOR	E OF SUPERVISOR NAME OF ORGANIZATION						
Was the service completed without pay? Was the student service acceptable to you and the organization? Is this a non-profit organization? YES NO YES NO	DATE(S) OF SERVICE	TOTAL NU	IMBER OF HOUI	RS COMPL	ETED			
Was the student service acceptable to you and the organization? YES NO Is this a non-profit organization? YES NO	DESCRIBE SERVICE PERFORMED							
Please feel free to comment on the reverse side of this sheet of this student's performance.	Was the student service acceptable to		organization?	YES	_ NO			
	Please feel free to comment on the rev	erse side of t	his sheet of th	is studen	t's perform	ance.		
Service Supervisor's Signature Service Supervisor's phone # Date	Service Supervisor's Signature	Service Supervisor's phone #			Date			

Please contact your son/daughter's school counselor at (860) 554-5750 or email them at the emails listed above if you would like to talk about this student's service. Please also be in touch if you have opportunities for other students to be of service. We will gladly post and/or announce community service opportunities to our students.