# COMMUNITY SERVICE TESTIMONY FORM (Form No. HAA-05)

## TO THE RATER

The student named below is being nominated for a graduation award. In this connection, please accomplish this Community Service Testimony Form to assess the nominee’s involvement in and contribution to community outreach projects. Once accomplished, please return the form to the nominee in the envelope provided. Please **seal and sign** across the envelope flap. If you do not have sufficient information about the applicant in order for you to objectively rate his/her performance, kindly return the form to the student applicant. Thank you.

**DATE**

**STUDENT NAME (LAST NAME, FIRST, MIDDLE NAME)**

**STUDENT ID NO.:**

**DEGREE PROGRAM**

<table>
<thead>
<tr>
<th>RATING</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>9-10</td>
</tr>
<tr>
<td>Very Good</td>
<td>7-8</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>5-6</td>
</tr>
<tr>
<td>Moderately Satisfactory</td>
<td>3-4</td>
</tr>
<tr>
<td>Poor</td>
<td>1-2</td>
</tr>
</tbody>
</table>

**SIGNATURE ABOVE PRINTED NAME OF RATER**

**POSITION / DESIGNATION**

**DATE**

The nominee

1. Initiates activities and projects of service to a specific community

2. Participates extensively in the implementation of the project

3. Contributes significantly to the group effort of improving the community’s resources

4. Is able to involve the members of the community throughout the activity

5. Is able to work well with others throughout the project

**TOTAL POINTS**

**IMPORTANT**

*The rater is expected to provide remarks about the nominee’s participation in a specific community development project.*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________