

OKLAHOMA COUNTY JUVENILE BUREAU
Notification of Civic Engagement Work (CEW) Form

TO: _____
 Name of Organization/Agency

FROM: _____
 Intake/Probation Officer Name Phone Number
 Oklahoma County Juvenile Bureau (OCJB)

RE: _____
 Youth's Signature

The above-referenced youth needs to perform _____ hours of Civic Engagement Work (CEW).

SERVICE COMPLETION VERIFICATION

Upon completion or termination, the supervisor is to complete this performance evaluation. If there are any questions regarding this matter or the youth, please contact the Intake/Probation Officer listed above at the Oklahoma County Juvenile Bureau.

Date	Activity	Place of Service	Hours	Contact Number	Supervisor Full Name

Total Hours Completed: _____

Completion Date: _____

	Poor	Satisfactory	Good	Excellent
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Site Supervisor Signature: _____

Site Supervisor Contact #: _____

Verified by IO/PO: _____