

## OFFICE OF SERVICE LEARNING STUDENT EVALUATION

STUDENT NAME: \_\_\_\_\_ AGENCY/ORGANIZATION: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_

COURSE: \_\_\_\_\_ AGENCY TELEPHONE: \_\_\_\_\_

TIME FRAME: FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL HOURS VOLUNTEERED: \_\_\_\_\_

	EXCELLENT	VERY GOOD	AVERAGE	BELOW AVERAGE	POOR	CANNOT RATE
ATTENDANCE						
COOPERATION						
CONCERN FOR NEEDS OF COMMUNITY AND CLIENTS						
ACCEPTANCE OF RESPONSIBILITY						
COMPLETION OF ASSIGNMENTS						
DEPENDABILITY						
RESOURCEFULNESS, CREATIVITY						
COMMUNICATION SKILLS, LISTENING, SPEAKING, WRITING						
TIME UTILIZATION						
EAGERNESS TO LEARN						
ABILITY TO SET AND MEET OBJECTIVES						
ADAPTABILITY						
OVERALL EVALUATION OF PERFORMANCE						

**ADDITIONAL COMMENTS OR RECOMMENDATIONS:**

Thank you very much for your participation.