



MDC Center for Community Involvement
 Agency Evaluation of Student



SEMESTER, CAMPUS

Student Information:		Course Information:	
Student's Name:		Professor's Name:	
Student ID #:		Course ID & Reference #:	

Supervisor Information	
Agency Name:	
Supervisor's Name (Print clearly):	Phone Number (Print clearly):

Agency Supervisor: Please evaluate the student in the areas listed below.

The responses provided may be used by instructors to determine student grades and will also appear on the student's service-learning transcript.

	Excellent	Good	Fair	Poor
Attendance/Punctuality				
Attitude				
Quality of Work				
Initiative				
Overall Performance				

Additional Comments (please write clearly):

Supervisor Signature: _____ Date: _____

Supervisor Name: _____ Title: _____
 (Print Full Name)

Submit completed form as directed by your professor.