



# Agency Evaluation Of Student

## TO BE COMPLETED BY AGENCY SUPERVISOR

AGENCY SUPERVISOR: Please complete this evaluation of the service-learning student. Thank you for your cooperation!

SERVICE-LEARNING STUDENT: After your supervisor completes this form, please return it to your instructor, or to the Center for Community Involvement.

Student's Name: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

On a scale of 0 to 4 ("4" representing the highest) please rate the service-learning student in the areas listed below by placing an "X" in the appropriate box.

	0	1	2	3	4
Attendance/Punctuality					
Attitude					
Quality of Work					
Initiative					
Overall Performance					

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_