

SUPERVISOR'S EVALUATION FORM



Service Learning Program
Jennifer Rivers
921 Pennsylvania Avenue S.E.
Washington, D.C. 20003
202-847-0779

Dear Supervisor,

We thank you for working with our student. We would appreciate your filling out this evaluation form, within 2 weeks of the student's service, which will enable us to gauge the success of our student's experience with you. Your comments will be given to the student's advisor. **You may give the completed form to the student or send it directly to the address above.**

Student's Name: _____

Graduation Year: _____

Period covered by evaluation: ____/____/____ to ____/____/____

Please rate the student's performance based on the following criteria:

	Below Average	Average	Above Average	Outstanding	Not Relevant
Respect to Staff					
Creativity					
Self-Discipline					
Adaptability					
Reliability					
Leadership					
Self-Confidence					
Warmth of Personality					
Sensitivity					
Energy					
Emotional Maturity					
Personal Initiative					
Reaction to Setbacks					

Has the student met the specific goals which were established at the onset of the project? Yes No

Has the student been thorough in his/her approach? Yes No

Have the student's promptness and attendance been satisfactory? Yes No

Would you rate the student's overall performance as satisfactory? Yes No

In this space please comment on the positive and/or negative aspects of the student's performance.
What word(s) would you choose to characterize the student's performance?

I certify that this student has satisfactorily completed _____ hours of voluntary community service work during the period indicated.

Date: ____/____/____

(Supervisor's name)

(Title)

(Name of agency, project or individual)

(Street address)

(City, State, Zip)

(Telephone)