Evaluation of Service-Learner by Community Partner

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate # of Hours Worked:\_\_\_\_\_\_\_\_\_\_\_

Course Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the service learner’s performance in the following areas:**

**(1-Unsatisfactory, 2-Needs Improvement, 3- Satisfactory, 4-Commendable, and 5- Outstanding)**

1. Fulfillment of Learning Agreement Goals & Objectives .................... 1 2 3 4 5 NA

2. Sensitivity toward people with whom s/he worked............................. 1 2 3 4 5 NA

3. Responsibility for regular attendance................................................. 1 2 3 4 5 NA

4. Responsibility for regular punctuality.................................................. 1 2 3 4 5 NA

5. Quality of performance of service activities ........................................ 1 2 3 4 5 NA

6. Commitment to completing tasks? ..................................................... 1 2 3 4 5 NA

7. Adaptability to changes (i.e. scheduling, agency needs, etc.) ............1 2 3 4 5 NA

8. Respect for confidentiality ...................................................................1 2 3 4 5 NA

9. Awareness of agency mission & role in the community ..................... 1 2 3 4 5 NA

10. Enthusiasm for service activities....................................................... 1 2 3 4 5 NA

11. Benefit of service provided to agency............................................... 1 2 3 4 5 NA

1. Please explain any less than satisfactory ratings (i.e. rating of 1 or 2).

2. Please comment on the student’s greatest strengths and any areas for improvement that may assist the course instructor in evaluating the student’s ability to enter, participate in and exit your community agency responsibly and sensitively. Also, is there anything this service learner did that was particularly creative or noteworthy? Feel free to continue comments on other side of form.

3. Please complete and return this evaluation to the student so he/she can deliver it to the relevant faculty no later than **the last week of classes of a semester**. This evaluation will be considered in assessing the student’s performance in his/her service learning course. If you have any questions, contact the Center for Community Engagement and Service Learning at (303) 914-6685. *Thank you!*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

Signature of Student Supervisor Signature of Student Service Learner Date