lscs.gif

**SERVICE-LEARNING PROGRAM**

**STUDENT COMMUNITY SERVICE-LEARNING**

**FINAL EVALUATION**

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

INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed)

COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

OTHER COMMENTS: (USE BACK OF PAPER IF NEEDED)

Thank you very much for your efforts. The student will go over the evaluation with the instructor. We appreciate your involvement in the learning process.