



Center for Community Engagement & Service-Learning

**HWS Service-Learning Student Evaluation**

STUDENT NAME \_\_\_\_\_ SEMESTER \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ DATE \_\_\_\_\_

Thank you for allowing our students to serve your organization. Would you please take a few minutes to evaluate this student? Please use back if necessary for comments.

**On a scale of 1-4 please rate the agency's overall experience with this student:**

1: poor      2: fair      3: good      4: excellent      No basis to determine

**Service-Learning Contract:** Did the student meet with you to discuss his/her Service-Learning Contract with their goals for the experience?    Yes      No

**Attendance:** (On time, adhering to schedule, fulfillment of time requirement)  
comments: \_\_\_\_\_ 1 2 3 4 NO

**Attitude:** (Displayed a positive attitude toward responsibilities and duties; worked well with staff and clients) \_\_\_\_\_ 1 2 3 4 NO  
comments: \_\_\_\_\_

**Responsibility:** (completed assigned task, acted in a responsible manner, called when could not attend) \_\_\_\_\_ 1 2 3 4 NO  
comments: \_\_\_\_\_

**Initiative/Dedication:** (took initiative, commitment to work and agency)  
comments: \_\_\_\_\_ 1 2 3 4 NO

**Engagement:** (interacted with agency personnel and clients)  
comments: \_\_\_\_\_ 1 2 3 4 NO

Name and title of service-learning student supervisor: \_\_\_\_\_  
Printed name and position

\_\_\_\_\_  
Signature