

 **HWS Service-Learning Student Evaluation (Community Partner Feedback)**

STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY and SITE SUPERVISOR NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course or name of Professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for allowing our students to serve your organization.

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

**College/Community Partnership:**

In what ways could the HWS partnership with your agency improve? (ie. communication, student training, collaboration, etc.) Please feel free to utilize the backside of this form.