

# Agency Evaluation of Student

## TO BE COMPLETED BY THE AGENCY SUPERVISOR

AGENCY SUPERVISOR: Please complete this evaluation of the service-learning student. Thank you for your time and cooperation!

SERVICE-LEARNING STUDENT: After your supervisor completes this form, please return it to your advisor.

Student's Name: \_\_\_\_\_

Agency's Name: \_\_\_\_\_

On a scale of 0 to 4 ("4" representing the highest), please rate the service-learning student in the areas listed below by placing an "X" in the appropriate box.

	0	1	2	3	4
Attendance and Punctuality					
Attitude					
Quality of Work					
Initiative					
Overall Performance					

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_