

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: _____

Falsifying, misrepresenting, or erroneously reporting information could result in up to 3 days of out of school suspension.