



C.M. OFFICE USE ONLY	
Received	_____
Entered	_____

**SERVICE LEARNING EVALUATION FORM** (rev. 5/7/15)

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor's Name(s) \_\_\_\_\_

**DIRECTIONS:** Please use checkmarks to rate the student's performance based on the following criteria:

Criteria	Poor	Average	Good	Excellent	Outstanding	No Judgment
Enthusiasm						
Concern for others						
Consistency						
Motivation						
Self confidence						
Initiative						
Respect for others						
Behavior						
Overall rating						

**Total number of hours completed with this agency/volunteer organization:** \_\_\_\_\_

Brief description of service provided by the student:

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On the reverse side of this form, please comment if you wish, on the positive and/or negative aspects of the student's volunteer efforts.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you very much for cooperating with the St. Thomas High School Service Learning Program!*