

SERVICE-LEARNING EVALUATION

TO BE COMPLETED BY PARTNER TO EVALUATE STUDENT PERFORMANCE (GROUP OR INDIVIDUAL)

Partner Organization: _____ Course: _____

Please give a brief description of the placement considered in this evaluation?

| |
|--|
| |
| |
| |

Did the placement meet the goals established in the placement contract? Why or Why not?

| |
|--|
| |
| |
| |

*Please use this portion to evaluate the quality of work produced by each student**

Student 1: _____ Total Hours Completed (CS&L Staff only): _____

| | Excellent | Above Average | Average | Below Average | Unacceptable | Comments |
|--------------------------|-----------|---------------|---------|---------------|--------------|----------|
| Dependability | | | | | | |
| Initiative | | | | | | |
| Communication Skills | | | | | | |
| Attitude | | | | | | |
| Professionalism | | | | | | |
| Achieved Placement Goals | | | | | | |

Student 2: _____ Total Hours Completed (CS&L Staff only): _____

| | Excellent | Above Average | Average | Below Average | Unacceptable | Comments |
|--------------------------|-----------|---------------|---------|---------------|--------------|----------|
| Dependability | | | | | | |
| Initiative | | | | | | |
| Communication Skills | | | | | | |
| Attitude | | | | | | |
| Professionalism | | | | | | |
| Achieved Placement Goals | | | | | | |

Student 3: _____ Total Hours Completed (CS&L Staff only): _____

| | Excellent | Above Average | Average | Below Average | Unacceptable | Comments |
|--------------------------|-----------|---------------|---------|---------------|--------------|----------|
| Dependability | | | | | | |
| Initiative | | | | | | |
| Communication Skills | | | | | | |
| Attitude | | | | | | |
| Professionalism | | | | | | |
| Achieved Placement Goals | | | | | | |

Student 4: _____

Total Hours Completed (CS&L Staff only): _____

| | Excellent | Above Average | Average | Below Average | Unacceptable | Comments |
|--------------------------|-----------|---------------|---------|---------------|--------------|----------|
| Dependability | | | | | | |
| Initiative | | | | | | |
| Communication Skills | | | | | | |
| Attitude | | | | | | |
| Professionalism | | | | | | |
| Achieved Placement Goals | | | | | | |

Student 5: _____

Total Hours Completed (CS&L Staff only): _____

| | Excellent | Above Average | Average | Below Average | Unacceptable | Comments |
|--------------------------|-----------|---------------|---------|---------------|--------------|----------|
| Dependability | | | | | | |
| Initiative | | | | | | |
| Communication Skills | | | | | | |
| Attitude | | | | | | |
| Professionalism | | | | | | |
| Achieved Placement Goals | | | | | | |

(*If additional evaluation is needed for more students, the CS&L has supplemental sheets available)

Please use this portion to evaluate the performance of overall group (if applicable).

| Please rate the students by checking the appropriate boxes. | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| Cooperation: Students in this group worked well together to complete the placement. | | | | |
| Communication: The group communicated with my organization and each other effectively. | | | | |
| Commitment: The group was committed to the placement and did what was asked of them. | | | | |
| Dependability: The group was reliable and I could count on them to do what was asked of them. | | | | |
| Professionalism: Students in this group behaved appropriately and were professional. | | | | |
| Attitude: This group demonstrated a positive attitude towards the placement. | | | | |
| Placement Outcome: The placement was completed successfully and had a positive outcome. | | | | |

Please share any thoughts you have about the impact of this placement?

| |
|--|
| |
| |
| |

By signing below, I am confirming that I supervised students in this placement and my interaction with them was sufficient to accurately complete this evaluation to the best of my knowledge.

Supervisor Signature: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____ Email: _____

Please return this form by the due date to: The Center for Service and Learning

Hand-deliver: 3rd Floor, Student Services Building

Email: ServeandLearn@mail.wvu.edu