



Volunteer and Service-Learning Center
 Buffalo State College
 Cleveland Hall 306
 1300 Elmwood Avenue
 Buffalo, NY 14222
 Phone: 716.878.5811
 Fax: 716.878.3152
VSLC@buffalostate.edu

SERVICE-LEARNING EVALUATION OF STUDENT BY COMMUNITY PARTNER

STUDENTS: Please complete the top portion, and give it to your site supervisor to complete the bottom section.

Student Name: _____ Phone: _____

Course Name: _____ Course Time: _____

Service Site Name: _____

Service Activities Performed: _____

SITE SUPERVISOR: Please rate the student in the following areas.

| | Poor | Below Average | Average | Above Average | Outstanding | N/A |
|----------------------------------|------|---------------|---------|---------------|-------------|--------------------------|
| Punctuality | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Dependability | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Follows Directions | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Completes Tasks | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Adaptability | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Interactions with Staff | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Interactions with Clients | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Attitude | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Teamwork/Cooperation | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| Openness to Diversity | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |

Comments:

Site Supervisor's Signature: _____ Date: _____

Site Supervisor's Name (please print): _____ Phone: _____

Supervisor: Please mail or fax the completed evaluation to the Volunteer and Service-Learning Center