

SCC Service–Learning Mid-Term Student Assessment Form (To be completed by supervisor)

(Directions: Please circle, which number best rates the student’s performance in the following qualities)

Students, please complete all information in this box and give to your site supervisor.

Name: _____

Date: _____

Agency/Organization : _____

	Excellent 3	2	Good 1 Poor	Satisfactory 5	Fair 4
Ability to work w/ minimal supervision	3	2	1	5	4
Follows Directions	3	2	1	5	4
Punctuality	3	2	1	5	4
Quality of Work	5	4	3	2	1
Good Team Participation	5	4	3	2	1
Sense of Responsibility	5	4	3	2	1
Open Mindedness	5	4	3	2	1
Made Efforts to Communicate	5	4	3	2	1
Kept Informed of the Project	5	4	3	2	1
Showed Interest	5	4	3	2	1
Is the Project Useful to your Organization?	5	4	3	2	1
Overall Rating:	5	4	3	2	1

Questions: (circle one)

Are all team members participate equally? YES NO
If no, who is demonstrating the greatest leadership in the project?

Is there anything, either with the scope of the project or the student’s attitude(s), that you want to change?
YES NO MAYBE
If yes or maybe, please describe your concerns here.

Have there been any positive developments up to this point? YES NO
Please describe.

What are your general feelings about the service learning project up to this point?

(Please use back side for additional comments)