

SCC Service–Learning End-of-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 supervisor.

Name: _____

Date: _____

Agency/Organization : _____

	Excellent	Good	Satisfactory	Fair	Poor
Ability to work w/ minimal supervision	5	4	3	2	1
Follows Directions	5	4	3	2	1
Punctuality	5	4	3	2	1
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
Was the Project Useful to your Organization?	5	4	3	2	1
Overall Rating:	5	4	3	2	1

Questions: (circle one)

Did all team members participate equally? YES NO

If no, who demonstrated the greatest leadership in the project?

Would you be interested in working with SCC students in the Future? YES NO MAYBE

Possible projects:

Were you able to attend the in-class presentation? YES NO

If NO, why not?

Will you be able to implement any aspects of the project? YES NO

Comments

What advance information would have been helpful for you to have in preparing for the student’s project?
(please use back side for additional comments)