
SERVICE LEARNING POST EVALUATION

MARY ANN SHAW CENTER FOR PUBLIC & COMMUNITY SERVICE

237 SCHINE STUDENT CENTER

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NAME _____ SEMESTER _____ YEAR _____

STUDENT ID (*REQUIRED*) _____ PLACEMENT SITE (*REQUIRED*) _____

SERVICE LEARNING COURSE _____ INSTRUCTOR _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. DID YOUR COMMUNITY SERVICE EXPERIENCE:

MEET YOUR EXPECTATIONS

EXCEED YOUR EXPECTATIONS

FALL SHORT OF YOUR EXPECTATIONS

PLEASE EXPLAIN YOUR ANSWER: _____

2. DID YOU FULFILL YOUR SERVICE LEARNING REQUIREMENT?

YES NO

IF NO, WHY?: _____

3. DID YOUR SERVICE LEARNING EXPERIENCE HELP YOU TO UNDERSTAND YOUR COURSE MATERIALS?

(E.G. READINGS, LECTURES, ASSIGNMENTS)

YES NO

PLEASE EXPLAIN YOUR RESPONSE: _____

4. WHAT WAS THE MOST POSITIVE ASPECT OF YOUR SERVICE LEARNING EXPERIENCE? _____

5. DID YOU ENCOUNTER ANY BARRIERS WHEN BEGINNING YOUR SERVICE LEARNING EXPERIENCE?

YES NO

IF YES, PLEASE DESCRIBE: _____

6. WOULD YOU ADVISE ANOTHER STUDENT TO PARTICIPATE IN A SERVICE LEARNING PROJECT?

YES NO

WHY OR WHY NOT? _____

7. HAVE YOUR VIEWS TOWARD SERVICE CHANGED AS A RESULT OF THIS EXPERIENCE?

YES NO

PLEASE EXPLAIN: _____

8. DO YOU HAVE ANY SUGGESTIONS FOR IMPROVING ANY ASPECT OF THIS ASSIGNMENT?

YES NO

IF YES, PLEASE DESCRIBE: _____

9. WILL YOU CONTINUE TO DO SERVICE IN COLLEGE OR AFTER GRADUATION?

YES NO

WHY OR WHY NOT? _____

PLEASE RETURN THIS FORM TO 237 SCHINE STUDENT CENTER WHEN COMPLETED. THANK YOU.