
STUDENT EVALUATION FORM

MARY ANN SHAW CENTER FOR PUBLIC
& COMMUNITY SERVICE
237 SCHINE STUDENT CENTER
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AGENCY NAME _____
YOUR NAME _____
AGENCY PHONE _____
AGENCY E-MAIL _____
DATE _____

NAME OF STUDENT _____

TO THE BEST OF YOUR KNOWLEDGE, THE ABOVE NAMED STUDENT COMPLETED ____ HOURS OF SERVICE.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE ABOVE NAMED STUDENT. THANK YOU.

The student:

- | | | | | |
|---|---------|---------|---------|---------|
| 1. Was responsible in his/her attendance. | Yes | No | | |
| 2. Completed his/her assignments or tasks. | Yes | No | | |
| 3. Was civil, respectful and attempted to understand the point of view of staff, community members and clients. | Yes | No | | |
| 4. Understood the mission of the agency and attempted to implement its goals. | Yes | No | | |
| 5. Overall performance on a scale of 1 to 5, 1 being unsatisfactory and 5 being superior. | | | | |
| 1. ____ | 2. ____ | 3. ____ | 4. ____ | 5. ____ |

6. How has your agency benefited from utilizing service learning students?

7. How have students benefited from their experiences with your organization?

8. Please supply any additional comments or recommendations about the student or about the service component as a whole. (Continue on back if necessary.)
