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## SERVICE LEARNING POST EVALUATION

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NAME \_\_\_\_\_ SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

STUDENT ID (*REQUIRED*) \_\_\_\_\_ PLACEMENT SITE (*REQUIRED*) \_\_\_\_\_

SERVICE LEARNING COURSE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

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### 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 111 Waverly Avenue, Suite 102 WHEN COMPLETED. THANK YOU.