

SERVICE LEARNING EVALUATION

Coastal Carolina University

Student Name: _____ I.D. #: _____
 Major: _____ Course #: _____ Term/Year: _____
 Instructor: _____ Phone: _____ Email: _____
 Agency: _____ Agency Supervisor: _____
 Phone: _____ E-mail: _____ Fax: _____

Please return this form to the student's faculty instructor at the completion of the student's service participation to assist in their course grading.

(4) Outstanding (3) Good (2) Acceptable (1) Needs Improvement (0) Not Applicable
(Please mark (X) the appropriate grade for each criterion)

	(4)	(3)	(2)	(1)	(0)
1) Maintained scheduled days and hours					
2) Fulfilled intended learning goals					
3) Demonstrated commitment to completing assigned tasks					
4) Displayed sensitivity and concern for others					
5) Followed all agency rules and regulations					
6) Adapted well to change (i.e. schedule, task reassignment)					
7) Demonstrated a greater self and social awareness					
8) Interacted professionally with agency staff and clients					
9) Accepted suggestions, direction and critical evaluation appropriately					
10) Demonstrated ability to learn and apply new skills					
11) Aware of agency mission and role in the community					
12) Demonstrated ability to think independently and solve problems					
13) Provided benefit to Agency					

Additional comments: _____

Evaluation Period: _____ Approximate # Hours Worked: _____
 Supervisor's Signature: _____ Date: _____
 Student Signature: _____ Date: _____