

AGENCY EVALUATION OF STUDENT VOLUNTEER

Student's Name _____ Date _____

Agency _____ Phone _____

1. Please rate student's performance based on the following criteria:

	Below Average	Average	Good	Excellent	Truly Outstanding	No basis for judgment
Energy						
Concern for others						
Warmth of personality						
Sense of humor						
Self-discipline						
Level of interest						
Consistency						
Motivation						
Self-confidence						
Willingness to accept responsibility						
Acceptance of constructive criticism						
Respect accorded to staff						
Appropriateness of behavior						

2. Total number of hours accumulated. _____

3. Has the student's attendance been satisfactory? _____ Yes _____ No

4. Would you rate the student's overall performance as satisfactory? _____ Yes _____ No

5. On the reverse side, please comment, as briefly as you wish, on the positive and / or negative aspects of the student's performance on the project.

Signed _____

We pose these questions as guidelines for your consideration, and your response to them will help us evaluate the success of the student's participation in the service program. We greatly appreciate your assistance and participation in this program. Please give the completed form to the student or return by mail. Thank you.

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