



**MOUST SAINT JOSEPH SENIOR SERVICE
EVALUATION FORM**

YOU MUST COMPLETE A SEPARATE FORM FOR EACH SERVICE SITE YOU WORKED AT.

NAME: _____

NUMBER OF HOURS COMPLETED BY FRIDAY, JANUARY 8, 2016: _____

SERVICE SITE: _____

SUPERVISOR'S NAME: _____

SERVICE SITE ADDRESS/PHONE/EMAIL:

***Please note if this is where you did your Junior Service Learning*

<u>DATE</u>	<u>HOURS</u>	<u>WHAT YOU DID:</u>

SUPERVISOR NAME (Please Print) : _____

****Upon completion of service, please ask your supervisor to fill out the back of this sheet regarding the service you did.**

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. The below signature agrees that the student above has completed said hours.

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

	Below Average	Average	Good	Excellent	Truly Outstanding	No basis for judgment
Concern for others						
Self-discipline						
Level of interest						
Consistency						
Motivation						
Willingness to accept responsibility						
Respect accorded to staff						
Appropriateness of behavior						

2. Has the student's attendance been satisfactory? _____ YES _____ NO

3. Would you rate the student's overall performance as satisfactory? _____ YES _____ NO

4. Please feel free to comment, as briefly as you wish, on the positive and / or negative aspects of the student's performance on the project.

Signed _____

Date: _____