



Community Service: Agency Evaluation

This portion to be completed by the Agency (please complete for every day/ activity/ event)

Student Name: _____ Grade & Graduation Year: _____ Date: _____
Agency: _____ Location: _____
Supervisor: _____ Contact Info: _____

Instructions: For each of the factors below, please rate the student's ability or performance by rating 1-5 with 1 being Unsatisfactory and 5 being Excellent. If the factor is not applicable, please mark N/A.

Attendance: _____ Cooperation: _____ Willingness to learn: _____ Problem Solving: _____

Understanding: _____ Communication Skills: _____ Self-Motivation: _____ Overall Performance: _____

Jobs & Duties Performed/ Responsibilities:

Hours of Attendance: _____ Total Hours: _____ Supervisor Signature: _____

Community Service: CCHS Student Evaluation

This portion to be completed by the Student (please complete for every day/ activity/ event)

Name: _____ Grade & Graduation Year: _____ Date: _____
Agency: _____ Location: _____

Instructions: The following list describes some possible features of a Community service experience. Please rate your experience 1-5 with 1 being Practically Never and 5 being Very Often. If the factor is not applicable, please mark N/A.

- | | |
|--|---|
| I had enough work to keep me busy: _____ | I was given a variety of tasks to do: _____ |
| What I did was interesting: _____ | I did things myself instead of just observing _____ |
| I was given clear instructions: _____ | I think this was a safe place to work: _____ |
| I received help when I needed it: _____ | I was allowed to make decisions: _____ |
| I felt I did a good job: _____ | I was given enough training to do my tasks: _____ |
| I had the freedom to develop and use my own ideas: _____ | |
| I felt I was helping people or improving my community: _____ | |
| I learned things that will help me in my future work or education: _____ | |

Student Signature: _____