Skyline College Leadership Academy
Community Service Evaluation Form

TO BE COMPLETED BY THE COMMUNITY AGENCY WITH WHICH THE SERVICE WAS PROVIDED. PLEASE TURN IN THIS FORM DIRECTLY TO OLENA MYKHAYLICHENKO NO LATER THAN MARCH 20TH, 2012 BY 12PM (BLDG. 5, ROOM 5106).

Student’s Name: ________________________________________________________________

Name of Organization: __________________________________________________________

Supervisor’s Name: ____________________________________________________________________________

Supervisor’s Title: __________________________________________________________________________

Supervisor’s e-mail: __________________________________________________________________________

Address of Organization: ______________________________________________________________________

Phone: ______________________________________________________________________________________

Date of Service: ______________________________________________________________________________

Date of Evaluation: ____________________________________________________________________________

Supervisor’s Signature: _________________________________________________________________________

1. How many hours did the student work during the fall/spring semesters?

   Less than 10  10-19  Over 20

2. How has this student performed as an volunteer (writing and speaking abilities; relevant technical skills; promptness; appearance; collegiality; judgment)?

   __________________________________________________________________________________________

   __________________________________________________________________________________________

   __________________________________________________________________________________________
3. If you have encountered any problems during this student’s volunteering, please explain briefly what they were. Did the student, for example, spend their intern hours productively? Did the student otherwise meet your expectations, both as a temporary member of your staff and as a Skyline’s Leadership Academy student?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4. Did you receive the required adequate information and preparation from the student contact?

☐ Yes ☐ No

5. Please describe/rate the overall experience working with students from SCLA Program.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

**Evaluation**

Please complete the chart below using the scale provided:

1=exceptional  3=needs improvement NA=not applicable
2=good        4=unsatisfactory

*If 3 or less please site comments in space provided.

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<thead>
<tr>
<th>QUALITY</th>
<th>RATING</th>
<th>ADDITIONAL COMMENTS</th>
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<tbody>
<tr>
<td>The student contact was professional and timely in contacting the organization prior to service.</td>
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<tr>
<td>The service provided was a benefit to our organization.</td>
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<tr>
<td>The student contact maintained adequate communication for the setup and execution of the service project.</td>
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<td>The students were friendly and easy to work with.</td>
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<tr>
<td>The students worked hard and stayed on task.</td>
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<td>The service provided was necessary to those our organization serves.</td>
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<td>This service experience was well planned and implemented.</td>
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<td>The service completed met expectations of the organization.</td>
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