



### Supervisor Assessment Form

(to be completed by site supervisor)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service-Learning Site: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Tel. #: \_\_\_\_\_ email: \_\_\_\_\_

Please circle the number that best rates this student's performance.

	Excellent.....Poor				
Ability to work w/ minimal supervision	1	2	3	4	5
Follows directions	1	2	3	4	5
Punctuality	1	2	3	4	5
Quality of work	1	2	3	4	5
Relationship with clients/customers	1	2	3	4	5
Sense of responsibility	1	2	3	4	5
Shows interest	1	2	3	4	5
Uses good judgment	1	2	3	4	5
Willingness to learn	1	2	3	4	5
Other comments:					