

This evaluation form is to be filled out by student who has completed a community-based project.

Student name (optional) Faculty member Direct supervisor			Course o	Community partner		
			Commu			
			Date			
Please use the following rating scale for your answers and add any comments below.						
	Strongly agree 1	Agree 2	Disagree 3	Strongly disagree 4	Not Applicable N/A	
1. The partner provided an adequate position description, orientation/training, and assistance.						
Commen	ts?					
2. The partner provided supervision and feedback on your performance.						
Commen	ts?					
3	. The partner provided a	a safe and approp	oriate working env	rironment.		
Commen	ts?					
4. The partner provided the technical assistance necessary to support the project.						
Commen	ts?					
5. The partner communicated with you in a timely and appropriate manner.						
Commen	ts?					
6. The partner met with you at appropriate intervals and discussed concerns and specific plans for completion						
Commen	ts?					
Please ar	nswer the following ope	n-ended questio	n on a separate p	aper or the back of this	form:	
7. How did this experience contribute to your academic and/or personal growth?						

Instructions to student: Please fill out and return to faculty member.

Instructions to faculty member: Once you have collected from all students, please send copies to Kimberly Post, Office of Community-Based Learning.