Student Evaluation of Field Placement Agency

Student Name: 

Name of Organization: 

Supervisor’s Name: ______________________ Title: ______________________

1. When you were in the process of selecting a service learning placement schedule, were you able to get an interview within a reasonable period of time?
   
   Yes: _____  No: _____  N/A: _____

2. During your time at the organization, was the staff friendly and professional?
   
   Yes: _____  No: _____  N/A: _____

3. Were you given an orientation or training for your assigned tasks?
   
   Yes: _____  No: _____  Uncertain: _____

4. Did the agency have a clear understanding of the course objectives?
   
   Yes: _____  No: _____  Uncertain: _____

5. Were your assignments adequately planned and organized, and did they meet the goals and objectives of the courses?
   
   Yes: _____  No: _____  Uncertain: _____

6. Was your supervisor or support staff available to answer questions?
   
   Yes: _____  No: _____  Uncertain: _____

7. Did you continue to volunteer at this organization after your service hours were fulfilled?
   
   Yes: _____  No: _____  Uncertain: _____

8. Overall, how would you rate your experience with this organization?
   
   Poor: _____  Average: _____  Excellent: _____

9. Would you recommend to other students that they do service learning at that organization?
   
   Poor: _____  Average: _____  Excellent: _____

Additional Comments: ________________________________________________