

CSUSM OFFICE OF COMMUNITY SERVICE LEARNING

"AGENCY EVALUATION OF SERVICE LEARNING STUDENT"

Your feedback about service learning students and their attitudes towards community needs and their sense of citizenship is very important to our office.

Please evaluate your current student and **FAX** completed form to:

Office of Community Service Learning: 760-750-3550

Agency Name: _____

Address: _____

City: _____ Zip: _____

Phone:(____) _____ Email: _____

Date: _____

Student's Name: _____

Site Supervisor's Name: _____

4-Strongly Agree 3-Agree 2-Disagree 1-Strongly Disagree

- | | | | | |
|---|---|---|---|---|
| 1. The student had a positive impact on our agency's efforts to meet community needs. | 4 | 3 | 2 | 1 |
| 2. The student's work benefited our agency's clients and/or mission. | 4 | 3 | 2 | 1 |
| 3. The student was an asset to our agency. | 4 | 3 | 2 | 1 |
| 4. The student was sensitive to the diversity of our clients. | 4 | 3 | 2 | 1 |
| 5. The student understood our agency's mission as part of the greater community. | 4 | 3 | 2 | 1 |
| 6. The student exhibited attributes of an effective citizen. | 4 | 3 | 2 | 1 |
| 7. We want to continue to have the university's service learning students work with our agency. | 4 | 3 | 2 | 1 |

Comments: _____
