



Agency Evaluation of Student Volunteer

Student's Name _____

Dates of Service: From _____ To _____

Total Hours Completed: _____

Name of Agency _____

Name of Immediate Supervisor _____

Telephone _____

Name of Evaluating Supervisor (if different from above) _____

Telephone _____

Evaluation

Please complete the evaluation to the best of your ability. Rate the volunteer's service according to the following criteria: VG Very Good, G Good, LS Less than satisfactory, S Satisfactory, P Poor.

	VG	G	S	LS	P
1. Attitude toward work.					
2. Attitude toward Supervisor.					
3. Ability to cooperate with others.					
4. Willingness to assume responsibility.					
5. Punctuality					
6. Quality of Work					

Additional Comments by the Supervisor: _____

Overall, I would rate the volunteer's service as _____

Signature of Evaluation Supervisor _____ Date _____