



# Community and Public Service Program SUPERVISOR EVALUATION

When complete, please review with your student and then give it to them to submit to the CPSP.

**Student's Name:** \_\_\_\_\_ **Semester/Year:** \_\_\_\_\_

\_\_\_ **RSSW190** –35hrs    \_\_\_ **RSSW290** –100hrs    \_\_\_ **RSSW291** – 60hrs    \_\_\_ **RSSW390** –100hrs

As of \_\_\_\_\_ (date) a total of \_\_\_\_\_ hours of service have been completed this semester.

**Supervisor Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Please provide a brief description of what you consider to be the most important contribution the student has made to your organization:**

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<b>Please evaluate the student's performance in the following areas by marking the appropriate rating:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>N/A Don't Know</b>
Importance of mission – Understood our organization's mission and how it effects the work that we do	SD	D	N	A	SA	N/A
Reliability – Was reliable in performing her/his duties as assigned	SD	D	N	A	SA	N/A
Work quality – Showed commitment to quality and thoroughness of his/her work	SD	D	N	A	SA	N/A
Diversity – Was sensitive to the diversity of her/his colleagues and constituents	SD	D	N	A	SA	N/A
Capacity – Work benefited our constituents and/or furthered our mission	SD	D	N	A	SA	N/A
Professional growth – Used available resources to address questions & concerns	SD	D	N	A	SA	N/A
Professional skills – Developed professional skills. Please list:	SD	D	N	A	SA	N/A
Student was an asset to our organization	SD	D	N	A	SA	N/A

**Please identify one growth area upon which your student volunteer could focus.**\_\_\_\_\_

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**Please identify what you noticed to be your student's greatest strength, strongest attribute or skill that stood out in his/her performance:** \_\_\_\_\_

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