Project Supervisor Feedback and Evaluation Form

* Adapted from Sidwell Friends School Supervisor’s Evaluation Form *

Thank you very much for working with our student. We appreciate your taking the time to fill out this feedback and evaluation form. Your comments will be given the student’s service advisor and will be used as part of an overall evaluation of the student’s service experience. Please give the completed form to the student or send it directly to the following address:
School Name, Street, City, State, Zip.

Supervisor’s Name: ____________________________________ Title: ______________________

Name of Agency/Project: _________________________________________________________

Address: _____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Phone Number: ___________________________ Email: _______________________________

Student’s Name: ________________________________________________________________

Please rate the student’s performance on the following criteria:

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Respect for Staff</td>
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<td>Creativity</td>
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<td>Self-Discipline</td>
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<td>Adaptability</td>
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<td>Reliability</td>
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<td>Leadership</td>
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<td>Self-Confidence</td>
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<td>Energy</td>
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<td>Personal Initiative</td>
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<td>Reaction to Setbacks</td>
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</table>
Has the student met the specific responsibilities outlined at the beginning of the project?

No_____ Yes_____

Have the student’s promptness and attendance been satisfactory?

No_____ Yes_____

How would you rate the student’s overall performance?

Below Average _____ Average _____ Above Average _____ Outstanding _____

Please comment below on any positive or negative aspects of the student’s performance.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Did the project benefit your agency, staff, or clients? How?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

In what ways could the project have been improved?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Would you be interested in working with other students in the future?
____________________________________________________________________________
____________________________________________________________________________

Additional comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Supervisor’s Signature: ______________________________________ Date: _____________

________________________________________________________

Service Advisor’s Signature: ________________________ Date Received: ____/_____/____