STUDENT PERFORMANCE EVALUATION BY AGENCY
Office of Service-Learning, Bucknell University

Student Name:_________________________________________________   Date:____________________

Agency:_____________________________________ Supervisor:_________________________________

Evaluation Period:____________________________  Approximate # Hours Worked: _________________

Course Name:_______________________________ Instructor:___________________________________

A. Please rate the student’s performance in the following areas:

1. Fulfillment of Learning Agreement Goals & Objectives    1    2      3       4        5
2. Sensitivity toward people with whom s/he worked    1    2      3       4        5
3. Responsibility for regular attendance and punctuality    1    2      3       4        5
4. Quality of performance of service activities    1    2      3       4        5
5. Commitment to completing tasks    1    2      3       4        5
6. Adaptability to changes (i.e. scheduling, agency needs, etc.)    1    2      3       4        5
7. Respect for confidentiality    1    2      3       4        5
8. Awareness of agency mission & role in the community    1    2      3       4        5
9. Enthusiasm for service activities    1    2      3       4        5
10. Benefit of service provided to agency    1    2      3       4        5

B. Please explain any less than satisfactory ratings (i.e. ratings of 1 or 2).   ________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

C. Please comment on the student’s greatest strengths and any areas for improvement that may assist the course
instructor in evaluating the student’s ability to enter, participate in and exit your community agency responsibly and
sensitively. Also, is there anything this service learner did that was particularly creative or noteworthy? Feel free to
continue on other side of this form.  ______________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please complete and return this evaluation to the student so s/he can deliver it to the relevant faculty by the due date.
This evaluation will be considered in assessing the student’s performance in her/his service learning course.

_______________________________  _________________________  ____________
Signature of Student Supervisor                                Signature of Student                                Date