



Supervisor Assessment Form

(to be completed by site supervisor)

Student Name: _____ Date: _____

Service-Learning Site: _____

Supervisor's Name: _____

Tel. #: _____ email: _____

Please circle the number that best rates this student's performance.

	Excellent.....Poor				
Ability to work w/ minimal supervision	1	2	3	4	5
Follows directions	1	2	3	4	5
Punctuality	1	2	3	4	5
Quality of work	1	2	3	4	5
Relationship with clients/customers	1	2	3	4	5
Sense of responsibility	1	2	3	4	5
Shows interest	1	2	3	4	5
Uses good judgment	1	2	3	4	5
Willingness to learn	1	2	3	4	5
Other comments:					