

1st Quarter \_\_\_\_\_ 2nd Quarter \_\_\_\_\_ 3rd Quarter \_\_\_\_\_ 4th Quarter \_\_\_\_\_



## Supervisor Evaluation Form

Student Name \_\_\_\_\_ Classroom # \_\_\_\_\_

Due Date \_\_\_\_\_ Date Turned In \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for allowing our student to have an integral role in your agency. We hope that this student served you well and was an excellent witness to what both your organization and our school stand for. To ensure that our students and their service is of the highest caliber, please take a moment to complete the evaluation below. Feel free to add comments on the back.

<b>S</b> = Superior	_____ 1. Ability to work with other volunteers
<b>AA</b> = Above Average	_____ 2. Ability to work with staff/supervisors
<b>A</b> = Average	_____ 3. Rapport with clients
<b>BA</b> = Below Average	_____ 4. Attendance/Punctuality
<b>U</b> = Unsatisfactory	_____ 5. Initiative and Independence
<b>NA</b> = Not Applicable	_____ 6. Overall effectiveness

Please tell us what they did for your agency.

How could this person improve if they were to serve you again?

Would you invite this person back to serve your agency again? Why, or why not?

Total hours completed to date: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have any questions, concerns, or suggestions on how our students or this particular student can serve you better, please feel free to contact Doug Moore, Director of Campus Ministry, at Lansing Catholic Central School at 267-2115. This form may be returned to the student, faxed to school (267-2135), or by mail: LCHS, attn: Doug Moore, 501 N. Marshall Street, Lansing, Michigan 48912. ***Thank you for your time!***