AGENCY EVALUATION OF SERVICE-LEARNING STUDENT

SEATTLE CENTRAL COLLEGE
PLEASE RETURN DURING THE STUDENT'S LAST TWO WEEKS OF SERVICE TO:
SERVICE-LEARNING COORDINATOR, 1701 BROADWAY, SAC 350
SEATTLE, WA 98122 or Patti.Gorman@seattlecolleges.edu

STUDENT:_____

COURSE NAME AND NUMBER or INSTRUCTOR'S NAME_____

SITE NAME:_____

SITE ADDRESS:_____

CITY/STATE/ZIP:_____

SITE SUPERVISOR/EVALUATOR:_____

PHONE:_____ **_E-MAIL:**_____

PLEASE RATE THE STUDENT IN THE FOLLOWING AREAS:

	Poor				**Outstanding**
Dependability	**1**	**2**	**3**	**4**	**5**
Attendance	**1**	**2**	**3**	**4**	**5**
Punctuality	**1**	**2**	**3**	**4**	**5**
Participation	**1**	**2**	**3**	**4**	**5**
Overall Performance	**1**	**2**	**3**	**4**	**5**

COMMENTS: (Skills developed, ability to integrate theory and practice, contributions to agency, interpersonal skills, overall work ethic, etc.)

SITE SUPERVISOR'S SIGNATURE:_____

DATE:_____