



Center for Excellence in Learning Through Service  
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 Ashley Cochrane,  
 Associate Director for Service-Learning and Student-Led Programs

## Community Partner Service-Learning Project Evaluation Form

**Service-learning is an educational experience based upon a collaborative partnership between college and community. Learning through service enables students to apply academic knowledge and critical thinking skills to meet genuine community needs. Through reflection and assessment, students gain deeper understanding of course content and the importance of civic engagement.**

Thank you for your participation in a service-learning project. Thank you also for taking the time to fill out this evaluation form. The first section of the form asks for your feedback regarding the performance of the students who worked with you. The second section asks for your overall feedback on the service-learning project. Please be honest in your responses, as your comments will be used to improve future service-learning projects. Additionally, please note that your evaluations of the students will not be the sole factor in determining the students' grades. Your feedback is important!

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Course Title and Number: \_\_\_\_\_

### EVALUATION OF STUDENT PERFORMANCE

**Please rate the performance of the student team in the following areas:**

	Excellent	Good	Average	Poor	Very Poor	N/A	<u>Comments</u>
a. Dependability _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Planning/Organization _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Professional Interactions _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Communication Skills _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Initiative/Responsibility _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Creative/Innovative Ideas _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Overall Quality of Project _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Please rate your overall satisfaction level with the performance of the student team (circle one):**

- a. Far exceeded your expectations
- b. Exceeded your expectations
- c. Met your expectations
- d. Just about met your expectations
- e. Was far below your expectations

List the team's strengths.

List the team's weaknesses and suggested improvements.

**Rate Each Team Member's Overall Quality of Work:**

	Excellent	Good	Average	Poor	Very Poor	N/A	Comments
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional comments about Individual Team Member's Efforts:

**EVALUATION OF SERVICE-LEARNING PROJECT**

1. Was there adequate preparation and planning for the service-learning project?  
\_\_\_ Too much      \_\_\_ Just enough      \_\_\_ Too little
2. Was there adequate communication among the students, faculty member, and yourself?  
\_\_\_ Too much      \_\_\_ Just enough      \_\_\_ Too little
3. Please list any aspects of this service-learning project that went particularly well.
4. Please describe any benefits to your organization that resulted from this service-learning project.
5. Please list any aspects of this service-learning project that did not go well, or that were particularly challenging.
6. If you were to participate in this service-learning project again,
  - a. What would you do differently?
  - b. What would you suggest that the faculty member, students, or service-learning staff do differently?
7. Are you interested in participating in another service-learning project in the future? \_\_\_ Yes      \_\_\_ No

8. Please describe any potential service-learning project ideas, specifying when you would like them to take place.
  
9. Please share additional comments or feedback here. You are also welcome to contact the faculty member or Ashley Cochrane, CELTS Associate Director (859-985-3605), if you would like to have a debriefing meeting.

\*This form is based on similar evaluation forms created by Debbi Brock and other service-learning faculty. Thank you!