



This form aids the Page Education Foundation in evaluating the impact a Page Scholar's volunteer service may have on the children, organization and community they served. We appreciate your time in answering these questions. Completed form may be returned to Page Scholar, or mailed to **P.O. Box 581254, Minneapolis, MN 55458** post-marked no later than **MAY 1, 2016**. Page Scholars are responsible for the logistics of returning this form and ensuring that it is received by PEF staff members.

Name of Page Scholar:

Last Name

First Name

Middle Name

Number of hours completed
by Page Scholar:

Service Start date:

Service End date:

Month/Day/Year

Month/Day/Year

Do not leave the field blank & record specific hours.

SECTION A: SITE INFORMATION

Name of Organization:

Address:

City:

State: **MN**

Zip code:

Name of Evaluator:

Title of Evaluator:

Phone:

Email Address:

From the list below, please select the best description of your organization:

☐ Elementary School

☐ College/University

☐ Social Service program/agency

☐ Community Center

☐ Community Clinic

☐ Homeless shelter

☐ Government program/agency

☐ Hospital/health system

☐ Other, please specify:

☐ Non-profit organization

☐ Faith-based affiliation

Do you have more than one Page Scholar volunteering at your site?

☐ Yes ☐ No

Does your organization utilize other volunteers?

☐ Yes ☐ No

SECTION B: SERVICE EXPERIENCE

What kind of community service did this Page Scholar perform? Select all that applies.

☐ Tutoring/homework help

☐ Classroom/teachers assistant

☐ Teaching

☐ Reading to children

☐ Providing information about college

☐ Mentoring

☐ Play, recreation

☐ Creating/organizing new activities

☐ Leading/facilitating activities

☐ Supervising/managing behavior

☐ Translating/interpreting

☐ Advertising/fundraising

☐ Administrative support

☐ Recruiting other volunteers

☐ Supervising/managing program

☐ Other, please specify: _____

How did this Page Scholar complete his/her service hours?

☐ On a set schedule with consistent hours; on average, how many hours per week: _____

☐ On a flexible schedule with varied hours

In total, how many different children did this Page Scholar work with over the course of this academic year?

☐ 1 child

☐ 2-10 children

☐ 11-20 children

☐ more than 21

Age Group of Children Served: (Check all that apply.)

☐ 5-6 Years Kindergarten (Not Pre-K)

☐ 7-12 Years

☐ 13-15 Years Middle School

SECTION C: SCHOLAR PERFORMANCE

1. Please rate the Page Scholar's performance in the following areas:

	Unsatisfactory	Satisfactory	Exemplary	Cannot rate
a. <u>Appearance</u> : Appropriate for environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Attendance</u> : Consistent, notified of plans in advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <u>Attitude</u> : Positive, enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <u>Dependability</u> : Prompt, trustworthy, follows directions, meets obligations, follows through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <u>Effort</u> : Willingness to work, professional work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. <u>Overall performance</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have any concerns about this Page Scholar?

☐ No ☐ Yes, Please explain below.

3. Would you invite this Page Scholar back to volunteer next year?

☐ No, Please explain below. ☐ Yes

4. Please provide specific feedback about this Page Scholar's work with children.

SECTION D: SITE IMPACT

5. Please indicate the extent to which you believe that the child(ren) served grew in the following ways as a result of the Page Scholar's work with them. If a scholar does not address a particular skill area, select "not applicable."

	Not at all	Slightly	Moderately	Quite a bit	A great deal	Don't know	Not applicable
a. Improved academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developed study skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Increased interest and engagement in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Improved attitude toward school, value of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Improved attitude toward the possibility of attending college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Increased understanding of the steps it takes to get into college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Developed self-confidence (sense of personal power or competence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Developed self-motivation, self-discipline, and goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Did your organization benefit in any other way(s) as a result of your partnership with the Service-to-Children program through the Page Education Foundation?

☐ No ☐ Yes, Please Explain Below:

6. Is there anything that could have made this experience better for your organization?

☐ No ☐ Yes, Please Explain Below:

**Please sign and date the form below and return it to our office by May 1, 2015.
Without your signature this form is invalid.**

Signature of Evaluator

Date

Thank you for your Support!