



**COMMUNITY SERVICE  
FIELD SPONSOR EVALUATION FORM AND LOG OF HOURS**

**TO THE STUDENT:**

This form must be presented to your supervisor when you begin your service so that evaluation objectives are clearly recognized. It should be accompanied by a stamped envelope addressed to the Director of the Community Service/Service Learning Programs at the Fieldston School, Fieldston Road, Bronx, NY 10471.

**TO THE SUPERVISOR:**

As part of our education program we require that all of our students engage in a community service learning experience. Your honest report on this student will be greatly helpful to us in advising the student. Your comments will be kept confidential and they will become part of the student's file. **Please keep a copy for your files in case correspondence gets lost in the mail.** (If you have any questions and/or concerns about these forms, please contact the Program Director at 718-329-7294.)

**PART I: TO BE COMPLETED BY THE STUDENT**

Student's Name \_\_\_\_\_ Current Form \_\_\_\_ Today's Date \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To: \_\_\_\_\_

Student e-mail \_\_\_\_\_ Advisor \_\_\_\_\_

Total # of Hours Contributed \_\_\_\_\_

Hours are: \_\_\_\_\_ Core Project or \_\_\_\_\_ Filler Project (see FAQs for definition)

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

Name of Supervisor(s) \_\_\_\_\_

Title(s) \_\_\_\_\_ Email \_\_\_\_\_

Type of Work Performed by Student \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(OVER FOR PART II)*



**PART II: TO BE COMPLETED BY THE SUPERVISOR**

Please check the appropriate entries on the following scale as they reflect the quality of the student's work, while also comparing this work with that of his/her peers. Thank you.

**1. The quality of the work was**

\_\_\_\_ Unsatisfactory      \_\_\_\_ Average      \_\_\_\_ Good      \_\_\_\_ Excellent

**2. The quantity of the work was**

\_\_\_\_ Insufficient      \_\_\_\_ Up to expectations      \_\_\_\_ Beyond expectations

**3. Did the student assume acceptable responsibility?**

\_\_\_\_ No      \_\_\_\_ Reasonably reliable      \_\_\_\_ Worked well      \_\_\_\_ Able and willing

**4. Did he/she show good judgment?**

\_\_\_\_ No      \_\_\_\_ Average      \_\_\_\_ Good      \_\_\_\_ Excellent

**5. Did he/she cooperate with others?**

\_\_\_\_ No      \_\_\_\_ Average      \_\_\_\_ Good      \_\_\_\_ Excellent

**6. Did the student report punctually to work?**

\_\_\_\_ Seldom      \_\_\_\_ Usually      \_\_\_\_ Always

**7. Would you want this student placed as a volunteer with your agency again?**

\_\_\_\_ Yes      \_\_\_\_ No

If "no", please explain \_\_\_\_\_

**Signed by:** \_\_\_\_\_  
*(Direct Supervisor of Student)*

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

*Note: If necessary, please feel free to attach an additional sheet with typed comments.*

*(CONTINUED)*



**LOG OF HOURS WORKED**

(May be kept on a daily, weekly, or monthly basis)

Name of Student \_\_\_\_\_ Current Form \_\_\_\_\_

Name of Organization/Placement \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Student's Position \_\_\_\_\_

Dates Worked (include month, day, year) \_\_\_\_\_

Total Hours Work by the Student \_\_\_\_\_  
*(Please indicate term hours or summer hours)*

Supervisor's Signature \_\_\_\_\_

Supervisor's Name *(please print)* \_\_\_\_\_

Title \_\_\_\_\_

Supervisor's Phone \_ \_\_\_\_\_