

UNIVERSITY OF
INDIANAPOLIS

CENTER FOR SERVICE-LEARNING
& COMMUNITY ENGAGEMENT

Agency Evaluation Form

To be completed by the student following completion of the Service-Learning experience.

Student: _____

Agency: _____

Field supervisor: _____

Phone: _____

E-mail: _____

Semester: Fall Spring Spring term

Year: _____

Summary of experiences and Skills gained: Use the back if needed to elaborate this question:

Rate your experiences in reference to the following criteria using this scale:

4 = Outstanding

3 = Very Good

2 = Adequate

1 = Unsatisfactory

0 = Uncertain/NA

Placement provided:

1. Adequate activities (as explained by supervisor for the work you were scheduled to do) _____
2. Variety of learning opportunities _____

3. Opportunities to work independently _____
4. The flexibility of student contact hours _____
5. Availability of activities during non-business hours _____
6. Acceptance and inclusion of students by staff _____
7. Accessibility of support and consultation (requires the student to make contact and report concerns or problems):
From field supervisor _____
From other staff _____
From faculty supervisor _____
8. Overall I am satisfied with this learning experience _____
9. I would consider working as a volunteer or in another _____

Student Signature: _____

Date: _____