

Student Name: _____



LASALLIAN
EDUCATION

Transforming Lives Since 1680



STUDENT EVALUATION FORM

To be completed by student

1. Please write the name of the service agency through which you completed your service project.

2. Briefly indicate the type of work performed and the need(s) of the people being served by your agency.

3. On a scale of 1-10 (10 being completely satisfied), how satisfied were you with the type of work you were asked to perform. 1 2 3 4 5 6 7 8 9 10
Please share any additional comments that would be helpful: _____

4. On a scale of 1-10 (10 being very likely), how likely are you to recommend this service site to another CBC student. 1 2 3 4 5 6 7 8 9 10
Why or why not: _____

5. On a scale of 1-10 (10 being all of your time), how much of your time was spent directly working with people in need? 1 2 3 4 5 6 7 8 9 10
Please tell us what kind of work you were doing with the clients: _____

6. On a scale of 1-10 (10 being total understanding), how well did your agency and/or supervisor know/understand/respect the CBC requirements for this project? 1 2 3 4 5 6 7 8 9 10
Please share any additional comments that would be helpful: _____

7. On a scale of 1-10 (10 being very thankful), how thankful are you for your time spent with this agency/these clients? 1 2 3 4 5 6 7 8 9 10
Please explain your response: _____

