



SUPERVISOR EVALUATION FORM

PLEASE RETURN TO:

Community and Public Service Program, University at Albany
 1400 Washington Ave., Social Sciences 112
 Albany, NY 12222

Phone: 518. 442-5683

Fax: 518. 442-5684

Email: cpsp@albany.edu

Student's Name: _____

Course #: RSSW 290 RSSW 291 RSSW 390

Semester/Year: Fall 20____ Spring 20____ Summer 20____

Organization: _____

Your Name: _____

E-mail or phone number: _____

A total of _____ volunteer hours have been completed by this student as of (date): _____

Total number of sit down, face-to-face supervision hours for the semester: _____

Please provide a brief description of the projects and responsibilities with which the student has been involved:

Please evaluate the student's performance in the following areas by marking the appropriate rating:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know N/A
Student understood his/her volunteer role/job functions	SD	D	N	A	SA	N/A
Student understood our organization's mission and how it effects the work that we do	SD	D	N	A	SA	N/A
Student was an asset to our organization	SD	D	N	A	SA	N/A
Student was reliable in performing her/his duties as assigned	SD	D	N	A	SA	N/A
Student was sensitive to the diversity of her/his colleagues and constituents	SD	D	N	A	SA	N/A
Student's work benefited our constituents and/or furthered our mission	SD	D	N	A	SA	N/A
Student used supervision to develop professional skills and resolve questions	SD	D	N	A	SA	N/A
Student gained professional skills through the volunteer experience	SD	D	N	A	SA	N/A
Other:	SD	D	N	A	SA	N/A

Please evaluate your experiences with CPSP:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A Don't Know
The amount of time required to supervise students, including completing required documentation was reasonable	SD	D	N	A	SA	N/A
Organization staff appreciated the additional program resources provided by the CPSP student	SD	D	N	A	SA	N/A
We would like to continue to have CPSP volunteers at our organization	SD	D	N	A	SA	N/A
Organization staff would like to increase the number of CPSP student volunteer presence in our organization	SD	D	N	A	SA	N/A
The expectation of our role as an organizational partner is clear	SD	D	N	A	SA	N/A
CPSP staff are available to answer our questions and meet our needs	SD	D	N	A	SA	N/A
The overall system in place for the partnership between our organization and the CPSP program works effectively	SD	D	N	A	SA	N/A

Please use this space to share any comments regarding the above dimensions or to add any additional feedback regarding the student's performance:

Please comment regarding your satisfaction with the Community and Public Service Program, including any suggestions for improvement:

Supervisor Signature

Date