

University at Albany
Community and Public Service Program
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

Student's Name: _____

Circle Course #: RSSW 290 RSSW 291 RSSW 390 **Semester** _____ **Year** _____

Agency/Organization: _____

Supervisor: _____

Supervisor's Telephone No. and ext. _____ **FAX No.** _____

Supervisor's E-mail: _____

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

Date: _____ **Total volunteer hours completed by student to date:** _____

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:

		Needs Improvement	Fair	Good	Very Good	Excellent
1.	Understanding of volunteer role/job functions:					
2.	Understanding of Organization Mission and how it is reflected in practice:					
3.	Dependability:					
4.	Motivation:					
5.	Cooperation:					
6.	Interpersonal Skills:					
7.	Performance of Assigned Tasks/Responsibilities:					
8.	Ability to Benefit from Supervision:					
9.	Professional Skill Development:					
10.	Other: _____					

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

Supervisor

Date