

EVC CENTER FOR SERVICE-LEARNING & PUBLIC SERVICE

STUDENT EVALUATION OF PUBLIC SERVICE EXPERIENCE

Student Name _____	Agency Name _____
Student ID # _____	Supervisor's Name _____
Semester/Year _____	Title _____
	Phone _____
	Email _____

TELL US WHAT YOU THINK

Your evaluation of your service placement will provide our Center with helpful feedback regarding your overall experience. Your participation in this survey is voluntary and your response will be kept confidential.

Please indicate how much you Agree or Disagree with each statement

	Strongly Agree	Agree	Disagree	Strongly Disagree	Cannot Rate
The orientation familiarized me with the agency, its mission and clients.					
My task/assignments were clear.					
My time was used effectively.					
I felt useful and a part of the organization.					
I received adequate supervision.					
Staff members were supportive of my work.					
I felt as though my efforts benefited and made a difference within the community.					
The experience enabled me to learn new skills or improve on ones I already had.					

HELP US INSPIRE OTHERS

We want to honor your contributions and inspire others to make a difference in their community by sharing your story. Please take a moment to tell us what you learned about yourself and others through your service experience. Attach another sheet if necessary. With your permission your story will be shared on our website, brochures and flyers. See examples of our students' stories at <http://www.evc.edu/academics/special-academic-programs/service-learning-public-service/sl-student-success-stories>.

Student Signature _____

Date _____