

# COMMUNITY SITE SUPERVISOR EVALUATION OF STUDENT

**Course:**

**Professor:**

This form must be completed and returned to your professor by: \_\_\_\_\_

**Section 1: To be completed by student**

<b>Name</b>	
<b>Organization Name</b>	
<b># Required Hours</b>	
<b>Site Supervisor Name</b>	
<b>Site Supervisor Contact Info</b>	

**Section 2: To be completed by site supervisor and student**

Student Performance Measure	Excellent	Good	Satisfactory	Poor
Quality of work produced				
Overall attitude				
Punctuality and attendance				

**Comments:**