

Community Service Involvement (CSI)  
Supervisor Evaluation of Student Performance

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Office: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please evaluate the student's performance based upon the stated learning objective, job description, and/or work assignments. Please comment on each section of the evaluation.

***Please evaluate the student's performance in the following areas.***

**E= Excellent    VG= Very Good    AV= Average    M= Marginal    U= Unsatisfactory**

QUALITY OF WORK:                    E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_

(thoroughness, neatness, accuracy, customer/client services)

Comments:

INITIATIVE:                            E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_

(self-motivated, requires little supervision,  
seeks increased responsibility, uses creativity)

Comments:

DEPENDABILITY:                    E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_

(reliable, meets deadlines, accepts responsibility, on time)

Comments:

COOPERATION:                      E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_

(relations with colleagues and supervisors)

Comments:

SELF-AWARENESS:                    E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_

(understanding of strengths and weaknesses)

Comments:

JUDGEMENT:                         E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_

(asks good questions, makes sound decisions)

Comments:

COMMUNICATION: E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_
(written and oral, clear & precise)
Comments:

PROFESSIONALISM: E\_\_\_\_\_ VG\_\_\_\_\_ AV\_\_\_\_\_ M\_\_\_\_\_ U\_\_\_\_\_
(attitude, maturity, appropriate dress, well-groomed)
Comments:

The student has shown skills/aptitude in the following areas:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

The student needs improvement in the following areas:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Give one piece of advice to this student to help them continue to develop their leadership skills?
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Number of volunteer hours approved? \_\_\_\_\_ hours

Please list the activities preformed by the student
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I give permission for a copy of this form to be shared with the student. Yes\_\_\_ No\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your feedback! Please return this form to the student's leadership advisor.