



LEON COUNTY VOLUNTEER CENTER

918 Railroad Avenue • Tallahassee, FL 32310 • (850) 921-3015 • Fax (850) 413-9095

Service Learning Evaluation

Name: _____ Semester/Year: _____

Position: _____ Department: _____

Supervisor's Name: _____

SERVICE LEARNERS: Please read the following statements and circle the appropriate rating. You may include additional comments at the end of this form. Submit the completed form to the Volunteer Center via mail, hand delivery or fax.

1. I am satisfied with the position I held with Leon County.	Not At All				Very Satisfied				
	1	2	3	4	5	6	7	8	9
2. I was well received by my supervisor and departmental staff.	Not At All				Extremely				
	1	2	3	4	5	6	7	8	9
3. The department was prepared for my arrival.	Not At All				Extremely				
	1	2	3	4	5	6	7	8	9
4. I was given a clear description of my duties/responsibilities; assignments were meaningful/consistent.	Not At All				Always				
	1	2	3	4	5	6	7	8	9
5. Rate your placement with Leon County overall.	Poor				Excellent				
	1	2	3	4	5	6	7	8	9

Additional Comments :

Signature: _____

Date: _____

★ Please return this form at the end of your service learning activity.