



LEON COUNTY VOLUNTEER CENTER

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

Service Learner Performance Evaluation

Name: _____ Semester/Year: _____

Position: _____ Department: _____

Supervisor's Name: _____ Telephone: _____

SUPERVISOR: Please read the following attributes and circle the most appropriate rating. You may include additional comments at the end of this form. Please have the student submit the completed form to the Volunteer Center via mail, hand delivery or fax at the end of his/her service learning activity.

1. Relations with others	Poor									Excellent
	1		2		3		4		5	
2. Work Attitude	Poor									Excellent
	1		2		3		4		5	
3. Quality of Work	Poor									Excellent
	1		2		3		4		5	
4. Dependability/Attendance	Poor									Excellent
	1		2		3		4		5	
5. Oral Communication	Poor									Excellent
	1		2		3		4		5	
6. Written Communication	Poor									Excellent
	1		2		3		4		5	

ADDITIONAL COMMENTS:

OVERALL PERFORMANCE:

The student did not meet expectations met expectations exceeded expectations

Supervisor's Signature: _____ Date: _____

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