

**TRINITY CATHOLIC HIGH SCHOOL
CHRISTIAN SERVICE PROGRAM
EVALUATION FORM**

Name _____ Level _____ Phone _____

Advisory _____ Advisory Teacher _____ Date _____

Agency _____ Date(s) of Service _____ Total Hours _____

.....
TO BE COMPLETED BY THE SUPERVISOR:

1. What duties were assigned to the volunteer? _____

2. Has the volunteer come prepared for the work assignment? _____

3. Does the volunteer abide by the agency's rules and requirements? _____

4. What are the volunteer's areas of strength? _____

5. What specific skills has the volunteer learned from this experience? _____

GENERAL APPRAISAL: Evaluate the student volunteer in the areas listed below using the ratings at the left.

- 5 = Superior
- 4 = Above Average
- 3 = Average
- 2 = Below Average
- 1 = Poor

- _____ Ability to work with other volunteers
- _____ Ability to work with staff and supervisors
- _____ Rapport with clients
- _____ Attendance
- _____ Initiative and independence
- _____ Overall effectiveness
- _____ Promptness

COMMENTS:

SUPERVISOR'S NAME _____ PHONE _____

SUPERVISOR'S SIGNATURE _____