



Student-Supervisor Evaluation

STUDENT _____ STUDENT ID _____

ORGANIZATION _____

SUPERVISOR _____ PHONE _____ EMAIL _____

Did the student complete a minimum of 20 hours of service over 10 weeks? If not, please explain.

Did the student fulfill their duties in an acceptable manner? If not, please explain.

Please provide any other comments you may have.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____