



COMMUNITY SERVICE EVALUATION FORM

South Carolina State University
300 College Street
Orangeburg, South Carolina 29117

STUDENT INFORMATION

Student Name: _____

Classification: _____

Number of hours of Community Service completed: _____

Type of Service or Work Done: _____

SUPERVISOR'S INFORMATION

Supervisor's Name (Please print): _____

Supervisor's Title: _____

I certify that the above-named student performed the above described community service

Name of Organization: _____

Note to Supervisor: Please rate the quality of service performed by the above-named student using the scales below. (5 being the highest; 1 being the lowest). Please circle your response.

1. Student presented him/herself in an appropriate manner.

Poor 1 2 3 4 5 Outstanding

2. The student was on time and ready to work.

Poor 1 2 3 4 5 Outstanding

3. The student worked hard and stayed on task.

Poor 1 2 3 4 5 Outstanding

4. The overall level of service performed by this student.

Poor 1 2 3 4 5 Outstanding

Student Service Supervisor's Signature: _____ Date: _____