

**SERVICE-LEARNING STUDENT EVALUATION**  
**PORTLAND COMMUNITY COLLEGE**

**PCC Service-Learning Student:** \_\_\_\_\_

**PCC Instructor Fills Out this Portion:**

Course:

Service Hours Required:

PCC Instructor:

Instructor's Phone:

Email:

Campus Address:

Portland Community College, P.O. Box 19000, Portland, OR 97280-0990

**DUE DATE by when Instructor needs this form:**

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**Service-Learning Site Supervisor Fills Out this Portion:**

**Please evaluate the student and return this form to the instructor (by mail or via the student) by the due date marked above. Thank you for your help with service-learning.**

I. How many hours has the student served this quarter? \_\_\_\_\_

II. What service did the student provide?

III. How did the student contribute to your organization's goals? What services could not have been provided/what projects would not have been completed without student's help?

IV. Will the student be continuing to volunteer with your organization? \_\_\_\_\_

V. In the future would you be willing to host another PCC Service-Learning Student? \_\_\_\_\_

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\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Phone or Email)

\_\_\_\_\_  
(Organization - please print)

\_\_\_\_\_  
(date)