

THE CALHOUN SCHOOL
Community Service Evaluation

Student _____ Grade _____ Advisor _____

Agency _____ Address _____

Supervisor _____ Title _____ Phone _____

Description of organization and assigned duties _____

DATES OF SERVICE ____/____/____ to ____/____/____ TOTAL HOURS SERVED _____

Please rate the student's performance as a volunteer by checking the items applicable to the position:

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>N/A</u>
RESPONSIBILITY	_____	_____	_____	_____	_____
PUNCTUALITY	_____	_____	_____	_____	_____
CREATIVITY	_____	_____	_____	_____	_____
INITIATIVE	_____	_____	_____	_____	_____
COOPERATION	_____	_____	_____	_____	_____

Please comment on your observation of the student's work. (i.e. related well to clients/co-workers, was enthusiastic, was an asset to the organization, etc.)

Signature of supervisor _____ Date _____

For information about Calhoun's program or a Calhoun student, please contact
Debbie Aronson, Director of Community Service, at 212-497-6508.
Evaluation Forms may be sent to: THE CALHOUN SCHOOL, 433 WEST END AVE. NY, NY 10024,
Fax: (212) 497-6530; E-mail: debbie.aronson@calhoun.org