

City, Country:



**INTERNATIONAL SUMMER SERVICE  
LEARNING PROGRAM 2005**

**SITE EVALUATION OF STUDENT**

THANK YOU. PLEASE SUBMIT THIS FORM BY **SEPTEMBER 23<sup>RD</sup>**.

Site Supervisor:

E-mail:

Address:

Phone & Fax:

Host Organization:

E-mail:

Address:

Phone & Fax:

Website:

Name of ISSLP Student \_\_\_\_\_

*(Please fill out one evaluation form per student.)*

1. What is your impression of the student and the attitudes, gifts, weaknesses he/she brought to the service experience.

2. Please evaluate the relationship(s) of the student with your organization and the people with whom he/she worked and interacted. Please explain if you wish.

\_\_\_\_ Excellent

\_\_\_\_ Good

\_\_\_\_ Fair

\_\_\_\_ Poor

3. Please evaluate the quality of the service/work the student provided.

\_\_\_ Excellent      \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor

Was the service/work the student provided helpful to your organization/community? To what extent did the work the student provided fill a need in the community? Did you think the service relationship was mutually beneficial for your community and the student? In what ways? Please mark all that apply and explain if you wish.

- \_\_\_ The student's service work provided more harm than good.
- \_\_\_ The student's service work was helpful but not necessary.
- \_\_\_ The student's service work filled an immediate need in the community.
- \_\_\_ The student's service work filled a long desired need in the community.
- \_\_\_ The student's service work was helpful because it allowed our staff to better focus their own work.
- \_\_\_ The service relationship was one sided and benefited mostly the student.
- \_\_\_ The service relationship was one sided and benefited mostly the community.
- \_\_\_ The service relationship was mutually beneficial for all involved.

4. If you were having reflection sessions with the student, evaluate the level of reflection and learning taking place over the eight weeks. Please explain if you wish.

\_\_\_ Excellent      \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor

5. Please provide any additional comments about the student's performance that is helpful for evaluation purposes and/or pertinent for the Director to know.

Please submit form to:

Tracy Wickham, Assistant to the Directors of Summer Programs  
Box 766 • Center for Social Concerns • Notre Dame, IN 46556-0766  
Tel (574) 631-9402 • Fax (574) 631-4171 • E-mail: [twickham@nd.edu](mailto:twickham@nd.edu)