

Service Learning Experience Evaluation Form

First Name: _____

Last Name: _____

Department/Organization: _____

(Please Rank below with 1 being the most favorable.)

In your opinion, was this a valuable experience? 1 2 3 4 5

Would you participate again? 1 2 3 4 5

Was the student prepared? 1 2 3 4 5

Was the faculty member helpful? 1 2 3 4 5

Did the student learn through this experience? 1 2 3 4 5

Would you recommend service learning to other organizations? Yes No

What other knowledge should your student have had to better meet your needs?

What other resources are needed?

Additional Comments:

Thank you for completing this evaluation! Please return to the Center for Teaching and Learning at CMSU, Dockery 212, Warrensburg, MO 64093 or FAX to 660-543-4405.