

**The Briarwood School
 Community Service Record
 Evaluation of Student Volunteer**

Student's Name: _____ **Grade Level:** 9 10 11 12
Please Circle

Volunteer Agency: _____

Agency Supervisor: _____

Agency Address: _____
(City) (State) (Zip)

Agency Phone: _____

Dates of Service: Started _____ Ended _____
(Month) (Day) (Year) (Month) (Day) (Year)

Total Hours Student Volunteered: _____

To be completed by Agency Supervisor or adult the volunteer worked with most:

Thank you for working with our student and taking time to complete this evaluation. Your comments will help our student volunteer to gain a better understanding of his/her talents, strengths and weaknesses. We appreciate your thoughts in the following areas:

1. Please describe the service performed by our student volunteer.

2. Identify any characteristics that were exemplary in the student.

3. What did you notice about the student that may need improvement?

(2-sided)

4. Did you see the student grow as a result of his/her experience while serving with your agency?
Please comment.

5. Did the student cooperate with you and/or your colleagues? Did he/she accept appropriate responsibilities and follow the guidelines of your program? Please comment.

Signature of Evaluator

Title

Date

Thank you very much for your time and insights. Please return this evaluation to the student or mail to The Briarwood School, Attention: MU Registrar