



Mercy High School San Francisco

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A College Preparatory High School for Young Women

Culminating Service Project Organization Supervisor Evaluation

Due Date: No later than August 30, 2011

Student name: _____

If applicable, name of other student who participated in this project: _____

Dates/times of project implementation: _____

To each of the following questions, please mark the response which most accurately describes the student's abilities and performance, "1" meaning "poor" and "5" meaning "excellent."

1. How effective was the student's development and planning of the project? 1 2 3 4 5

Comments:

2. How well did the student communicate with you before and during this project? 1 2 3 4 5

Comments:

3. How well did the student interact with the clients/residents/people involved in the project? 1 2 3 4 5

Comments:

4. How responsible was this student in developing and implementing this project? 1 2 3 4 5

Comments:

5. How successful was the project in meeting its goals? 1 2 3 4 5

Comments:

6. How well did the project enhance the services provided by your agency/organization? 1 2 3 4 5

Comments:

What strengths and gifts does the student have which helped her with this project? In what ways did the student demonstrate growth as she implemented her project?

In what ways could this project have been improved, either in its planning or implementation?

Please share any additional comments or suggestions for the student which will help her in the future.

Sponsor Signature

Date

Printed Sponsor Name

Agency/Organization Name

Sponsor e-mail address

Sponsor Phone Number

Where young women prepare to make a difference in the world