



MERCY HIGH SCHOOL SAN FRANCISCO
Where Young Women Prepare to Make a Difference in the World

Culminating Service Project: Organization Supervisor Evaluation

Student name: _____ ID #: _____

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

Dates & times of project implementation:

Date (Month/Day/Year)	Start Time	End Time	Hours
TOTAL HOURS			

To each of the following questions, please circle the number which most accurately describes the student's abilities and performance, "1" means "poor" and "5" means "excellent." Additional comments are greatly appreciated.

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: _____

7. What strengths and gifts does the student have which helped her with this project?

8. In what ways did the student demonstrate growth as she implemented her project?

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

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

Organization Supervisor Signature

Date

Printed Name

Agency/Organization Name

Supervisor e-mail address

Supervisor Phone Number

I have reviewed and discussed this evaluation with the student.

Faculty Adviser Initials

Date