

SERVICE-LEARNING STUDENT EVALUATION
PORTLAND COMMUNITY COLLEGE

PCC Service-Learning Student: _____

PCC Instructor Fills Out this Portion:

Course: _____ Service Hours Required: _____

PCC Instructor: _____

Instructor's Phone: _____ Email: _____

Campus Address:
Portland Community College, P.O. Box 19000, Portland, OR 97280-0990

DUE DATE by when Instructor needs this form:

Service-Learning Site Supervisor Fills Out this Portion:

Please evaluate the student and return this form to the instructor (by mail or via the student) by the due date marked above. Thank you for your help with service-learning.

I. How many hours has the student served this quarter? _____

II. What service did the student provide?

III. How did the student contribute to your organization's goals? What services could not have been provided/what projects would not have been completed without student's help?

IV. Will the student be continuing to volunteer with your organization? _____

V. In the future would you be willing to host another PCC Service-Learning Student? _____

(Supervisor Signature)

(Phone or Email)

(Organization - please print)

(date)