



Community Partner Midpoint Evaluation of Service-Learning Project

Name of Community Organization: _____

Name of Community Organization Evaluator: _____

Email: _____ Phone: _____

Name of TU Faculty Member _____

1. Is the need the student(s) are addressing important and not served by other programs through your organization?
2. Is the quality of the students' work at an effective level? If they are preparing material, will you be able to use it in the future? If not, what would you like to have changed?
3. Do you feel the students' work is properly designed to serve the organization's clients?
4. Is there adequate communication between your organization, faculty, and student(s)?

5. Do you feel the students were prepared before service? If not, what recommendations would you suggest to improve their preparedness?
6. Do you feel that the project is allowing you to build your organizational capacity? If not, what can be changed to ensure this goal is met?
7. Additional comments welcome.