Community Partner Evaluation of Service-Learning Project

Name of Community Organization: ___________________________________________________________
Name of Community Organization Evaluator: ____________________________________________________
Email: ___________________________ Phone: ___________________________
Name of TU Faculty Member______________________________________________________________

1. Was the need the student(s) addressed important and not served by other programs at your organization?

2. Do you feel the project allowed you to build your organizational capacity? What specifically did the students do? Please quantify if possible, such as the number of clients they served/helped serve, number and types of any deliverables produced for your agency, etc.

3. Was the quality of the student(s)’ work at an affective level? If they are prepared material, will you be able to use it in the future? If not, what would you like to see in the future?

4. Do you feel the student(s)’ work was properly designed to serve the organization’s clients?
5. Do you think the student(s)’ work will have a long lasting effect?

6. Were there any unintended effects caused by the student(s)’ work?

7. Was there adequate communication between your organization, faculty and student(s)?

8. Do you feel that student(s) were prepared before service? If not, what recommendations would you suggest to improve preparedness?

9. What would you like to see done differently in the future?

10. Is your organization interested in hosting another service-learner in the future? If no, why not?