Bishop Ready High School

Campus Ministry • Living the Gospel Message • Supervisor Evaluation Form

Student Name _____ Graduation Year 20_____

All information on this form must be completed for the student to receive credit. Please return this form to the student. **It is the responsibility of the student to return this form to his/her theology teacher.**
Also, please note the actual number of hours the student volunteered.

Agency Name:	Date:
Agency Phone Number:	
Supervisor's Printed Name:	Title:
Supervisor's Signature:	Total hours:

Type of Service Completed _____

_____

Please use the following scale in response to the statements below:
5= excellent 4- very good 3= average 2= Fair 1= Poor N/A= Not Applicable

Student's understanding of assigned responsibilities	5	4	3	2	1	N/A
Student's ability to work with other volunteers and staff	5	4	3	2	1	N/A
Student's ability to relate to people being served or service provided	5	4	3	2	1	N/A
Student's overall attitude/performance (punctuality, appearance, manners. etc.)	5	4	3	2	1	N/A
Student's level of personal responsibility and accountability	5	4	3	2	1	N/A

Additional comments are encouraged (use other side)