

GROVE CITY CHRISTIAN SCHOOL
SUPERVISOR EVALUATION FORM
SCHOOL YEAR 2016-2017

Name _____ Graduation Year _____

All information on this form must be completed for the student to receive credit. If you have any questions or concerns, please call the High School Office at (614) 875-3000, ext. 331 or 336.

Supervisor's Printed Name _____

Supervisor's Signature _____

Supervisor's Title _____

Type of Service Completed _____

Number of Hours Completed _____

Date(s) of Service _____

Today's Date _____

Please use the following scale in response to the statements below: 5-Excellent, 4-Very Good, 3-Average, 2-Fair, and 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

Comments are welcome on back