

GROVE CITY CHRISTIAN SCHOOL  
SUPERVISOR EVALUATION FORM  
SCHOOL YEAR 2017-2018

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