



COMMUNITY SERVICE SUPERVISOR EVALUATION FORM

Student's Name:

Student's ID Number:

Type of Community Service:

| | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Online Work | <input type="checkbox"/> Ground Work |
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Organization's Name:

Supervisor's Name:

Supervisor's Email:

Country:

City:

Starting Date:

Ending Date:

Total Hours Worked:

Student's Job Description:

Please grade the performance of the student in the following

categories: Excellent Very Good Good Fair Poor

Relation with Others:

Ability to Learn:

Quality of Work:

Additional Remarks:

I, hereby, affirm that the work reported by the student in this form is a volunteer work.

Signature of Supervisor:

Date: