

ILLINOIS MATHEMATICS AND SCIENCE ACADEMY
A Pioneering Educational Community
Community Service Program

STUDENT EVALUATION FORM

Name of Student _____ Class: '09 '10 '11

Site Information:

Name: _____

Address: _____

City: _____ State _____ **9 digit zip code:** _____

Phone Number: _____

Name of Student's Supervisor: _____

Please use the following evaluation scale in assessing the student's performance.

- | | |
|--------------------|---|
| 1 = Unsatisfactory | Did not meet expectations. |
| 2 = Inconsistent | Some problems/deficiencies noted. |
| 3 = Satisfactory | Met expectations. |
| 4 = Very Good | Of consistent high standards. |
| 5 = Superior | Of the highest standards. Exceeds expectations. |

- ___ Relationship with Supervisor
- ___ Attitude, "spirit" of cooperation
- ___ Relationship with other workers
- ___ Initiative shown
- ___ Quality of work
- ___ Punctuality
- ___ Quantity of work
- ___ Appearance/Demeanor

The student completed a total of _____ hours of community service during the following dates:

_____ thru _____
beg end

(over)

Summary of student's responsibilities, duties, tasks, etc.

Comments:

This is evaluation _____ has, _____has not, been discussed with the Student.

Please call IMSA's Community Service Coordinator at (630) 907-5962 with any questions.
Thank You!

Signature of Supervisor

Date

PLEASE RETURN TO:

COMMUNITY SERVICE COORDINATOR
ILLINOIS MATHEMATICS AND SCIENCE ACADEMY
1500 WEST SULLIVAN ROAD
AURORA, IL 60506-1039

Or FAX (630) 907-5898