**COMMUNITY SERVICE EVALUATION FORM**

South Carolina State University
300 College Street
Orangeburg, South Carolina  29117

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**STUDENT INFORMATION**

Student Name: ____________________________________________

Classification: ____________________________________________

Number of hours of Community Service completed: ____________________________

Type of Service or Work Done: ____________________________________________

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**SUPERVISOR’S INFORMATION**

Supervisor’s Name (Please print): ____________________________________________

Supervisor’s Title: ________________________________________________________

I certify that the above-named student performed the above described community service

Name of Organization: _____________________________________________________

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**Note to Supervisor:** Please rate the quality of service performed by the above-named student using the scales below. (5 being the highest; 1 being the lowest). Please circle your response.

1. Student presented him/herself in an appropriate manner.
   Poor  1  2  3  4  5  Outstanding

2. The student was on time and ready to work.
   Poor  1  2  3  4  5  Outstanding

3. The student worked hard and stayed on task.
   Poor  1  2  3  4  5  Outstanding

4. The overall level of service performed by this student.
   Poor  1  2  3  4  5  Outstanding

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Student Service Supervisor’s Signature: ________________________________ Date: ____________________