

Christian Service Evaluation Form

Student's Name: _____

Date: _____

Evaluator: _____

Agency: _____

Evaluator's Phone Number: _____

Please rate our student on each of the following characteristics listed below by circling a number. Five (5) is the highest ranking. In the section for comments list any strengths or weaknesses of the student that you feel are important. Please complete and return to CBC (with time sheet) no later than one week from the completion of the student's project. Mail it or the student can return it. (Mail to: CBC Christian Service office, 1850 De La Salle Dr. St. Louis, MO 63141-8661)

Desire and willingness to take on new assignments.	1	2	3	4	5
Willingness to work through an assignment to completion.	1	2	3	4	5
Ability to communicate with community residents.	1	2	3	4	5
Imaginative and resourcefulness.	1	2	3	4	5
Cooperation and willingness to get along with others.	1	2	3	4	5
Promptness	1	2	3	4	5
Sensitivity to special condition and attitudes of those the agency serves.	1	2	3	4	5
Willingness to go beyond the minimum time requirements.	1	2	3	4	5
Willingness to make up missed time.	1	2	3	4	5
Overall evaluation of performance.	1	2	3	4	5
Did the student ____meet your expectations? ____exceed your expectations? ____fall below your expectations?	1	2	3	4	5

Comments (use the back of this sheet if you need more room)

CBC thanks you for allowing us to be a part of your program.