

Organization Volunteer Evaluation

Student Name: _____ Organization Name: _____

Name of Person Completing Evaluation: _____

Please share this evaluation with the student as we feel this is a valuable learning experience and opportunity for growth. Thank you for your support and your willingness to engage in the education of our students.

Please evaluate overall performance:

Circle One: 10 9 8 7 6 5 4 3 2 1
 Excellent Above Average Average Below Average

Personal Qualities	Excellent	Above Average	Average	Below Average	Not Applicable
1. Follows directions					
2. Is friendly and courteous					
3. Accepts and understands the needs, feelings of others					
4. Works well with others					
5. Is dependable					
6. Is honest and sincere					
7. Asks appropriate questions					
8. Is punctual					

Optional Comments:

Sponsor's Signature: _____ Date: _____

Telephone Number: _____ Email: _____