



MISSISSIPPI VALLEY STATE
UNIVERSITY®

COMMUNITY SERVICE/ SERVICE LEARNING OFFICE

STUDENT REFLECTION AND EVALUATION

Name:	ID#	Expected Graduation Date

What were the goals of your community service project?

Did you accomplish your goal? [] Yes [] No

Did this experience make a positive impact upon your community? [] Yes [] No

Will you volunteer for community service if it was not a requirement for graduation? [] Yes [] No

Was this experience rewarding to you? [] Yes [] No

Do you think the staff or the people you served will remember you? [] Yes [] No

Would you recommend this experience to others? [] Yes [] No