



MISSISSIPPI VALLEY STATE
UNIVERSITY®

COMMUNITY SERVICE LEARNING

Service Learning Agency Evaluation of Student (Required)

To be completed by the Agency/Organization/Individual who supervised the student:

Student's Name: _____ ID#: _____

MVSU Professor's Name: _____

Supervisor's Name: _____

Agency/Organization: _____

On a scale of 0 – 5 ("5" representing the highest approval rating), please rate the service-learning student in the areas listed below by placing an X in the appropriate box.

Performance Evaluation	0	1	2	3	4	5	N/A
Attendance/Punctuality							
Quality of Work/Productivity							
Creative/Initiative							
Social Skills							
Overall Performance							

Additional Comments: _____

Signature: _____ Date: _____

This form should be completed as soon as possible to aid the student for semester completion requirements. Please return:

Mail: MVSU 7304 · 14000 Hwy 82 W · Itta Bena · MS 38941-1400

Fax: (662) 254-3922 or Email: Brandon.Ford@mvsu.edu