

Community Service Project Evaluation

Supervisor Feedback Form

Student Name: _____ Student ID: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total number of hours attended? _____

What type of activities did this student do to be involved with your organization?

How was this student's project beneficial to your organization?

Name of Supervisor: _____ Date: _____

Signature

Thank you on behalf of Pan Atlantic Foundation for the supervision of this student in their Community Project!

Would you like to learn more about Pan Atlantic Foundation? Yes _____ No _____

YES students are required to complete a minimum of 30 hours of community service while on program