



SUNY  
**D**OWNSTATE  
Medical Center

**SERVICE LEARNING EVALUATION FORM**

Today's Date:

Your Name:

Your Organization's Name:

Date(s) of your project or event:

Who is your faculty advisor?

Who is your community partner organization?

What do you want to accomplish with this project? (*Example: enhance knowledge and skills in taking vital signs by participating in a blood pressure screening event in a community with limited access*)

What made you choose this project/program? (*How did you identify this as a need?*)

Where was it held? Briefly describe who used your service or who came to the event (describe the participants in a few words)

How many people received your services or were participants in your program?

Did you learn any new skills or information to perform this service? Are you using any skills or knowledge, which you currently have? (*Example: Did you have to train on how to administer flu shots? Did you already know how to take blood pressure readings?*)

How many students participated from your organization?

Did you achieve the goal of your project?

Did anything surprise you during this event?

Would you recommend that we repeat this activity?

Is there a next step you would recommend?

Will you be sharing your experience with your peers? If yes, how? (*Example: Presentation at an organization meeting, poster presentation, presentation to class or conference?*)