



Service Learning Project Evaluation Form

Organization's Name:

Month/Year:

Name of the project:

1. Description of the project and what were your goals?
2. How did you identify this as a community need?
3. Did you work with a partner organization? If so Who?
4. Where did the Service Learning take place?
5. How many students from your organization participated. Were any special skills needed? Example taking blood pressure/administering flu shots
6. How many people received your services or were participants in your program?
7. Did you achieve the goal of your project?
8. Did anything surprise you during this event?
9. Would you recommend that we repeat this activity? If so, what advice would you give next year's group?
10. Is there a next step you would recommend?