



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Community Service Evaluation Form

Student Organization Name:
Individual Submitting Report:
Student or Club Email:

Activity Name: _____

Activity Date: _____

Number of Participants: _____

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 and include contact information?

4. Where did the Community Service take place? _____

5. Were any special skills needed? (Ex: taking blood pressure/administering flu shots)

6. How many people received your services or participated in your program? _____

7. Did you achieve the goal of your project?

8. Would you recommend that your organization repeats this activity? If so, what advice would you give to next year's group?
