



## Community Service Evaluation Form

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

Activity Name: \_\_\_\_\_

Activity Date: \_\_\_\_\_

Number of Club Participants: \_\_\_\_\_

1. Description of the project and what were your goals?

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2. How did you identify this as a community need?

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3. Did you work with a partner organization? If so, who and include contact information?

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4. Where did the Community Service take place? \_\_\_\_\_

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

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

7. Did you achieve the goal of your project?

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

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