**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?**

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1. **How did you identify this as a community need?**

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1. **Did you work with a partner organization? If so, who and include contact information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Where did the Community Service take place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Were any special skills needed? (Ex: taking blood pressure/administering flu shots)**

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1. **How many people received your services or participated in your program? \_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Did you achieve the goal of your project?**

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1. **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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