

# Greene County Tech

## CSL Student Organization/Agency Evaluation Form



Date \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

**Rating of Experience at Site**

Please evaluate the following components of the above named organization/agency/site using the indicated scale. Additional comments about the site are useful..

**Rating Scale**

4-Excellent      3-Very Good      2-Average      1-Fair      0-Unsatisfactory      NA-Not Applicable

COMPONENTS	RATING	COMMENT
Responsibilities outlined	_____	_____
Training Provided	_____	_____
Supervisor(s) Willing to Give Guidance	_____	_____
Safety issues Addressed	_____	_____
Student Treated with courtesy by staff	_____	_____
Tasks Assigned were rewarding	_____	_____

If you have the opportunity to assist this agency/company/organization/site in the future by providing volunteer service would you? Why or Why not?

\_\_\_\_\_

\_\_\_\_\_

What change(s) in the treatment of student volunteers would you recommend to this agency/company/ organization?

\_\_\_\_\_

\_\_\_\_\_

Event participated in at the service site: \_\_\_\_\_

Additional Comments on CSL experience : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this completed form to the GCTSD CSL Coordinator to use in consideration for future student placement of CSL activities.**