



# Rivier University Service Learning Record of Service

Student Name \_\_\_\_\_ Class: \_\_\_\_\_

Agency \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Term Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
year year year

Date	Time of visit	# of hours	Description of activity	Supervisor Initials

\*please use back if necessary

Total number of hours completed. \_\_\_\_\_

*Student Evaluation on reverse side →*

# Student Evaluation

Please take a few minutes to share your honest assessment the student's service experience with your agency.

*Please circle the appropriate number to indicate your assessment regarding the following statements. Please answer as candidly as possible.*

The quality of the student's service met my expectations

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

The student was prompt and kept time commitments as expected

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

The student understood the relevancy of the work they were doing and their role in assisting my agency

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

The student had adequate communication with the agency/organization.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Overall, the student represented Rivier College in a good and professional manor

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Overall, we were satisfied with the quality of the student's service.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Please provide any additional comments on the student:

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\_\_\_\_\_  
Agency Representative Name

\_\_\_\_\_  
Signature & Date

***Student-Return this form to the Office of Service Learning in St. Joseph Annex First Floor after the completion of hours of service.***