SUPERVISOR’S REPORT

NAME OF VOLUNTEER ___________________________________________ DATE ____________________________

NAME OF AGENCY __________________________________________________________________________________

NAME OF SUPERVISOR ________________________________________________________________

1. What duties were assigned to the volunteer?

2. What skills were utilized to perform necessary duties?

3. Has the volunteer been on time?

4. Did the volunteer abide by agency rules and requirements?

GENERAL APPRAISAL
Please evaluate the student volunteer in the areas listed below, using the ratings immediately below:

S = Superior
AA = Above average
A = Average
BA = Below average
U = Unsure

_____ Ability to work with other volunteers
_____ Ability to work with staff and supervisors
_____ Rapport with clients
_____ Attendance
_____ Overall Effectiveness

Please make additional comments and suggestions on back.

Hours Completed: _______ Supervisor’s Signature: _______________________________________________________

Last updated on February 20, 2014.