



Leadership Certificate Program Student Evaluation/Time sheet

Part 1: Information *(to be completed by student)*

Name: _____

Number of semesters involved with Project LEAD certificate program: _____

Agency/Site Name: _____

Agency Representative: _____ Agency Phone: _____

Agency Email: _____

Part 2: Evaluation *(to be completed by Agency Representative)*

Please evaluate this student on each item listed using the following rating scale:

1=agree, 2=undecided, 3=disagree, U=unable to evaluate/not applicable

Reported to agency punctually	1	2	3	U
Notified agency of absences in timely manner	1	2	3	U
Understood and supported mission/purpose of agency	1	2	3	U
Understood and was sensitive to needs of clients	1	2	3	U
Maintained a positive attitude toward the project	1	2	3	U
Maintained an appropriate level of motivation	1	2	3	U
Functioned effectively as a team member	1	2	3	U
Demonstrated good communication skills with staff and clients	1	2	3	U
Demonstrated initiative during service project	1	2	3	U
Adapted appropriately when faced with unexpected situations	1	2	3	U
Made significant contributions to agency and/or its clients	1	2	3	U
Demonstrated notable personal growth during experience	1	2	3	U

Please share your observations about the student’s leadership growth in his/her time with your agency. How have you seen this experience affect the student? What qualities have matured in the student during their time with your agency? Please attach additional sheets in order to more fully share your observations about the student’s growth and experiences.

Part 3: Verification *(to be completed by Agency Representative)*

I have completed the evaluation on this student and certify that _____ total hours represent an accurate estimate of the service hours for this semester.

Supervisor Signature: _____ Date: _____