



**Morningside College**  
**GEMC3001 Evaluation of Service-Learner**

*Supervisor: Please return completed form to [gemc@cuhk.edu.hk](mailto:gemc@cuhk.edu.hk)*

*To be completed by student:*

Student Name	
Contact number	
Service Organization	
Project title	
Starting date	
Project duration	
Supervisor	
Full name/Title	
E-mail	
Mobile/Office phone	

Project Abstract (Describe problem addressed, proposed solution, expected results, intended beneficiaries.)

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**SUPERVISOR INSTRUCTIONS**

1. Based upon the student's work at your organization, please evaluate how well the student performed in the areas listed on the next page. If you do not have sufficient information to make an assessment, choose NA.
2. Please utilize the comments section to explain your ratings. Your comments will be considered in assigning the student a grade.
3. Please discuss the evaluation with the student. The evaluation and feedback process are a valuable part of the student's learning experience and professional education.

**THANK YOU!**

## EVALUATION

	Poor	Average	Good	Excellent	NA
Understands agency's mission and services.					
Fulfills commitment to the organization, completing assigned work.					
Exhibits effective communication skills – listening, speaking, and writing.					
Works well with others, including supervisor, staff, volunteers, and clients.					
Displays awareness of self, including personal strengths and limitations.					
Demonstrates awareness and sensitivity in work with diverse populations.					
Responds to the emerging needs of the organization, other staff and clients					
Accepts constructive feedback from others.					
Demonstrates professional work habits (punctuality, dependability).					
Respects and adheres to agency's ethical standards.					
Plans his/her work well.					

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Has this evaluation been discussed with the student? ☐ Yes ☐ No

*I affirm that the information I have provided is true and correct to the best of my knowledge.*

(Date) \_\_\_\_\_