Supervisor’s Evaluation
St. Albans Social Service Program
Mount St. Alban, Washington, DC 20016

You may give this form to the Student or send it to the Social Service Director at the above address

Name of student being evaluated___________________________________________

Period covered by Evaluation_____ / _____ / _____ to _____ / _____ / _____

We thank you for overseeing the work of our Student. We would appreciate a few words of comment, praise or constructive criticism to help the student, his faculty advisor and his parent’s profit from this Evaluation. If you feel comfortable answering these questions in conference with the Student or if you would prefer to write a confidential letter evaluation of the Student, please do so.

Promptness, regular attendance and reliability on the job.______________________________

Creativity, adaptability and enthusiasm, regarding the job______________________________

Positive and sensitive attitude towards fellow workers and those served by the programs.

Ability to follow directions and responsiveness to supervision____________________________

Can you think of one or two words which characterize the Student’s performance?

What was the Student’s major strength and/or weakness in relation to your program?

Other comments______________________________________________________________

I certify that this student has satisfactorily completed_____ hours of social service work during the period indicated.

________________________________________
Supervisor

________________________________________
Supervisor’s Phone Number

________________________________________
Title

________________________________________
Date

________________________________________
Agency