



UNIVERSITY OF CENTRAL FLORIDA

EDG 2940 Experiential Learning Evaluation

UCF Student Name: _____

Volunteer School/Placement: _____

Supervising Teacher/Coordinator: _____

Supervising Teacher/Coordinator Email: _____

Supervising Teacher/Coordinator: Please rate the performance of the UCF student in the following areas so that we may know his/her strengths and weaknesses.

0= Not able to judge

1= Poor

2= Needs Improvement

3=Good

4=Excellent

_____ 1. The UCF student has worked cooperatively with the teacher.

_____ 2. The UCF student has established rapport with the students.

_____ 3. The UCF student's speech and behavior served as an appropriate model for students.

_____ 4. The UCF student was able to complete tasks without much direction from the teacher.

_____ 5. The UCF student was able to meet a need in the classroom.

_____ 6. The UCF student maintained a professional relationship with students, teacher and staff.

_____ 7. The UCF student was punctual and responsible in communicating volunteer times.

_____ 8. The UCF student's dress and appearance was professional.

Yes or No The UCF student maintained a time log, which I have signed to confirm.

Total Hours of Volunteering Under My Supervision: _____

Comments (optional): _____

Signature: _____ Date: _____

Please email the completed evaluation to Angela.Slaughter@ucf.edu or place the completed evaluation in a sealed envelope and give to your volunteer to submit.