

**ROLAND PARK COUNTRY SCHOOL**

5204 Roland Avenue, Baltimore, MD 21210 (410)323-5500, FAX (410)323-2164

**Agency Evaluation of Student Volunteer**

Student's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Please rate the student's performance:

Below  
Average      Average      Good      Excellent      Outstanding

Motivation

Self-discipline

Reliability & attendance

Personal Initiative

Willingness to  
accept responsibility

Appropriate behavior

Acceptance of  
Constructive Criticism

Total number of hours accumulated \_\_\_\_\_

On the reverse side please comment, as briefly as you wish, on the positive and/or negative aspects of the student's performance on the project.

Signed \_\_\_\_\_

Your response to these questions will help us evaluate the success of the student's participation in the Community Service Program at RPCS. We greatly appreciate your participation in this program. Please give the completed form or your own letter to the student or return by mail. Thank you.

The Community Service Program Coordinator