Community Partner Service Project Participation Assessment

Please circle the response that best describes how you feel about the statement concerning the project your organization participated in with our students.

1. I feel the students made an actual contribution to our organization during their time with us.

Strongly Disagree Disagree No Opinion Agree Strongly Agree

1. I feel the students were well prepared before coming out to the organization.

Strongly Disagree Disagree No Opinion Agree Strongly Agree

1. I feel the partnership was well facilitated and the experience was well organized.

Strongly Disagree Disagree No Opinion Agree Strongly Agree

1. I feel the students were knowledgeable in the area they worked with us in.

Strongly Disagree Disagree No Opinion Agree Strongly Agree

1. I feel our organization was positively impacted by this project.

Strongly Disagree Disagree No Opinion Agree Strongly Agree

1. I would want to partner with this class again in the future.

Strongly Disagree Disagree No Opinion Agree Strongly Agree

**Please use the below area to expand upon any of the circled answers above:**