

*Academic Service-Learning--Minnesota State University, Mankato*

**Evaluation of service-learning process by community partner**

The following form invites the community partner to offer feedback on the overall service-learning experience. Please be as honest and specific as possible. Thank you!

**TO:** The Center for Community-based learning and Civic Engagement  
 Minnesota State University, Mankato  
 Centennial Union, Room 173; Mankato, MN 56001  
 Or send via fax:

**FROM:**  
 Name \_\_\_\_\_ Position \_\_\_\_\_  
 Agency \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Course name/faculty \_\_\_\_\_

**EVALUATION OF SERVICE-LEARNING PROCESS**

	1 strongly disagree	2 Disagree	3 neutral	4 agree	5 strongly agree	N/A
1. The students appeared well prepared for the work they did with your program						
2. The students' contributions to the agency made the time and effort spent working with them worthwhile						
3. Effective communication was maintained between the agency and the faculty or staff member working with students						
4. The Service-learning students improved the capacity of your program in some meaningful way						
5. Staff at the Center for Community-based learning and Civic Engagement were helpful						
6. The agency would do a project like this again (a project of similar scale, requiring similar amounts of work on both sides, etc.)						

**ADDITIONAL QUESTIONS (continued on next page)**

1. How many Service-learning students were part of this particular project?



