

SERVICE-LEARNING EVALUATION FORM

Please answer the following questions as completely and honestly as possible. We value your input and plan to use it to improve our program.

Name _____

Semester Registered Fall____ Summer____ Spring _____ 20____ Number of hours served: _____

Site of service-learning placement _____ Discipline of service-learning credit _____ Number of service-learning credits earned _____

GENERAL INFORMATION

1. Sex _____ Male _____ Female
2. Age ___ 19 or younger ___ 20-21 yrs. ___ 22-25 yrs. ___ 26-30 yrs. ___ 31 yrs. or older
3. What is your primary educational level? High School Graduate _____ Some College _____
College/University Graduate _____
4. Ethnicity: Black or African American _____ American Indian or Alaska Native _____
Asian _____ Caucasian _____ Other: _____
5. Major _____
4. Have you volunteered before? _____ Yes _____ No
For how long? ___ 6 mos. or less ___ 6-12 mos. ___ 1-2 years ___ over 2yrs.
5. Name of programs(s) and/or community sites in which you have previously volunteered (via Service-Learning or independently).
a. _____
b. _____
c. _____
6. How did you learn about the service-learning program?
___ instructor ___ class presentation ___ academic advisor ___ a friend ___ honors program
___ MCC catalog/schedule ___ class requirement ___ other _____
7. What motivated you to apply for service-learning? (check as many as apply)
___ course credit ___ desire to help others/social concerns
___ experience/career exploration ___ apply classroom knowledge
___ personal development ___ classroom/honors requirement

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PERSONAL EXPERIENCE

Circle choice of number 1 through 5
(A great deal Not at all)

- | | | | | | |
|---|---|---|---|---|---|
| 1. How much did you learn from working at your site? | 1 | 2 | 3 | 4 | 5 |
| 2. Did your experience change your attitudes about volunteerism? | 1 | 2 | 3 | 4 | 5 |
| 3. Do you think you made a significant contribution to your community? | 1 | 2 | 3 | 4 | 5 |
| 4. Did your experience increase your level of Commitment to "get involved" in your community? | 1 | 2 | 3 | 4 | 5 |
| 5. In what way did your service-learning experience change your career or educational plans?
(please check only one) | | | | | |
| <input type="checkbox"/> Confirmed your plans | | | | | |
| <input type="checkbox"/> Decided to change career plans | | | | | |
| <input type="checkbox"/> Made you question your previous choice | | | | | |
| <input type="checkbox"/> Had no effect | | | | | |
| 6. How well did this course enable you to incorporate your classroom learning? | 1 | 2 | 3 | 4 | 5 |
| 7. To what extent did your assigned tasks facilitate your learning plan objectives? | 1 | 2 | 3 | 4 | 5 |
| 8. Did your service-learning experience have any effect on the following? | | | | | |
| <input type="checkbox"/> improved relationships with faculty | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> increased desire to stay in college | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> heightened self confidence | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> developed insight into personal strengths and weaknesses | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> enhanced ability to work and learn independently | 1 | 2 | 3 | 4 | 5 |

Further comments:
