



## Supervisor's Community Project Evaluation Form

Dear Organization Supervisor,

Please complete all of the following questions to help us assess and evaluate this student's chosen Community Project.

Student Name:

Student ID Number (ex. ABC14001):

Name of Supervisor:

Position:

Name of Organization:

Address:

City:

State:

Zip Code:

What kind of activities did the student get involved in with your organization?

Total number of hours attended:

Do you feel that the student's Community Project was beneficial to your organization?

Would you be open to CIEE exchange students volunteering with you in the future? If so, in what capacity?

May we have your permission to use your comments in future published materials to promote the Community Project?

Yes  No

Would you like to learn more about CIEE USA High School Programs?  Yes  No

Supervisor Signature:

Date:

**CIEE would like to thank you once again for volunteering to supervise one of our students in the Community Project with your organization!**