

**SLCC Ministry
Advancement Program**

Student Name _____
_____ Fall _____ Spring, 20__

Evaluation for Students in Ongoing Service to a Community Organization

1. The above named student has been involved in the following service activities:

2. I am able to observe this student on an ongoing basis. No Yes
1 2 3 4 5

3. This student is well-prepared for the service he/she performs. 1 2 3 4 5

4. I believe this student is developing his/her personal abilities and interpersonal skills. 1 2 3 4 5

5. I believe this student is developing his/her leadership skills. 1 2 3 4 5

6. One of this student's greatest strengths is _____

7. I believe this student is well-suited for the area in which he/she is currently serving. 1 2 3 4 5

8. I feel this student could improve his/her effectiveness by working on the following areas:

9. In my opinion this student should try a different field of service. ____ yes ____ no

10. This student spends approximately ____ hours per week involved in service with our organization.

I have discussed the above (numbers 3-9) with him/her. ____ yes ____ no

Organization Name _____

My involvement with the organization is as _____
(position/title/office)

Name _____ Phone # _____

Address _____ Email _____

Signature _____ Date _____

(This form must be submitted to the MAP Coordinator, SLCC, 1360 Grandview Dr., Florissant, MO 63033, in order for this student to pass MAP for the designated semester.)