

**UT Service-Learning Faculty Evaluation**

Thank you for participating in service-learning with the University of Tennessee. We hope the enhanced learning you provide for your students through this experience will yield tremendous cognitive and affective outcomes, and help them to become lifelong learners and positive change agents.

Please complete the below evaluation of your experience working with your community partner.

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Name of Community Partner Organization: \_\_\_\_\_  
 Name of Community Partner Evaluator: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Course: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                             | Please Mark (1- lowest, 5-highest) |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---|---|---|---|
| To what extent did the students successfully achieve the desired learning outcomes as a result of their participation in the service project or experience? | 1                                  | 2 | 3 | 4 | 5 |
| Please explain.                                                                                                                                             |                                    |   |   |   |   |
| (If applicable) To what extent did the community partner organization lend itself to the advancement of your desired learning outcomes for the students?    | 1                                  | 2 | 3 | 4 | 5 |
| Please explain.                                                                                                                                             |                                    |   |   |   |   |
| To what extent do you feel the students fulfilled the service need identified by the community partner for the project or experience?                       | 1                                  | 2 | 3 | 4 | 5 |
| Please explain.                                                                                                                                             |                                    |   |   |   |   |
| (If applicable) To what extent do you feel the community partner provided adequate orientation or training for the students to be successful?               | 1                                  | 2 | 3 | 4 | 5 |

(If applicable) Please explain.

To what extent did the community partner provide clear expectations for the students?

1

2

3

4

5

Please explain.

To what extent do you feel there was adequate communication between you and the partner organization?

1

2

3

4

5

Please explain.

To what extent do you feel there was adequate communication between the partner organization and your students?

1

2

3

4

5

Please explain.

(If applicable) To what extent do you feel as though identified risks and risk management procedures were established between you and the community partner?

1

2

3

4

5

(If applicable) Please explain.

(If applicable) To what extent do you feel as though the community partner organization helped to mitigate risks to the students?

1

2

3

4

5

(If applicable) Please explain.

|                                                                                                                               |   |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| To what extent, if any, do you feel there were there unintended effects of the service project or experience on the students? | 1 | 2 | 3 | 4 | 5 |
| (If applicable) Please explain.                                                                                               |   |   |   |   |   |
| To what extent, if any, did your students realize benefits through the service project or experience with this organization?  | 1 | 2 | 3 | 4 | 5 |
| (If applicable) Please explain.                                                                                               |   |   |   |   |   |

|                                                                     |
|---------------------------------------------------------------------|
| Overall, what worked well about this experience?                    |
| Overall, what would you like to see done differently in the future? |

Thank you for helping UT Service-Learning enhance our offerings by providing this feedback! **Please return this completed form to your community partner.** We also invite you to also share your results with UT Service-Learning ([servicelearning@utk.edu](mailto:servicelearning@utk.edu)), and to contact us with any further comments, questions, or concerns.