School District of Bloomer
Service Learning Project Evaluation Form

To be completed by Community Organization Representative

Name of Project_____
Date of Project_____

Community Organization Representative

Name_____
Address_____
Phone #_____
E-mail_____
Website_____

School Contact Person:

Did you know who to contact? Yes No
Was there appropriate communication? Yes No

Number of Students (circle one) not enough adequate too many

Cost (circle one) Less than anticipated anticipated amount
More than anticipated

Project Outcome_____

_____

Opportunities for Improvement_____

_____

Any additional comments_____

_____