

Public Service Commendation: Supervisor Evaluation of Student

Student Name:

This form is to be completed by the supervisor and submitted with the student time sheet at the end of each semester.

Organization Information:			
Name of Organization:			
Organization Address:			
Supervisor E-Mail:	Phone:		
Evaluation of Student Perfo	ormance:		
Start Date:	End Date (or continuing):		
Did the student complete assign	ed tasks in a timely manner?	es: No:	
Did the student perform in a pro	fessionally responsible manner?	Yes: No:	
Feedback regarding student's w	ork and work product:		
Do you have any comments/sug	gestions about the Public Service	Commendation	on Program?
Supervisor Certification:			
I certify that, under my superv completed (#) pro bond	vision, (name) hours as indicated on the Stud	ent Time She	has satisfactorily eet(s).
Supervisor Name:			
Supervisor Title:			
Supervisor Signature:		Date:	

Please call 419-530-4996 with any questions. You may give this completed form to the student to submit, or the form can be mailed, faxed or e-mailed to Kelly Tomlinson, Public Service Coordinator, 2801 W. Bancroft, Mail Stop 507, Toledo, OH 43606, 419-530-7922 (fax) or kelly.tomlinson@utoledo.edu.