

Supervisor Evaluation

Student Name: _____ Name of Activity: _____

Supervisor's Name: _____ Date(s) of Activity: _____

Thank you for supporting the CAS program at Samuel Clemens. Please take the time to fill out this evaluation form. Alternatively, you can complete this via email. Email me at ccrowe@scuc.txed.net for an electronic version of this form.

Punctuality and attendance:

Effort and commitment

Other comments

Creativity
 hours

Action
 hours

Service
 hours

This activity was **satisfactorily completed** **unsatisfactorily completed**

Supervisor's Name: _____

Telephone #: _____ Email: _____

Supervisors Signature _____ Date: _____