Service-Learning Evaluation

This form is to be filled out after completing a service-learning course so that the Office of Community Engagement can keep record of the significance of service-learning to certain course materials and make changes where needed to better enhance the service-learning experience for future courses.

Basic Information

Name: [Required]

What service-learning course did you participate in? [Required]

Agency: [Required]

Agency Contact Name: [Required]

Evaluation Questions

I was able to apply my experiences at the service learning agency to course content. [Required]

- [] Strongly Agree
-] Agree
-] Neutral
-] Disagree

[] Strongly Disagree

Additional Comments

This service learning project helped me better understand the course material. [Required]

- [] Strongly Agree
-] Agree
-] Neutral
- [] Disagree
- [] Strongly Disagree

Additional Comments

How does service learning compare to the traditional methods of teaching (lectures, research projects, etc)? [Required]

[] Much Better

-] Better
-] Same] Worse

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I

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[] Much Worse

Additional Comments

Due to this experience, I feel more confident about getting involved in my community. [Required]

Additional Comments

Due to this experience, I have a better understanding of the needs in my local community. [Required]

- [] Strongly Agree
-] Agree [
-] Neutral
-] Disagree

[

[] Strongly Disagree

Additional Comments

Due to this experience, I feel a greater sense of responsibility to my community. [Required]

- [] Strongly Agree
-] Agree [

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-] Neutral
-] Disagree [] Strongly Disagree

Additional Comments

Due to this experience, I feel I have developed skills that will help me be more successful in my career. [Required]

- [] Strongly Agree
-] Agree [
-] Neutral [
-] Disagree [
- [] Strongly Disagree

Additional Comments

What type of skills have you developed? [Required]

My service learning experience has positively influenced my attitude toward people who are different than me. [Required]

1	Strongly	Agree

] Agree

] Neutral

] Disagree

[] Strongly Disagree

This service learning experience has positively impacted my EWU experience. [Required]

[] Strongly Agree

] Agree] Neutral

] Disagree

[

[] Strongly Disagree

Additional Comments

If given the opportunity, I would participate in another service learning course. [Required]

[] Yes [] No

If you answered no, please explain why. [Required] If you answered yes, just type N/A

Would you recommend taking a service-learning course to another student? [Required]

[] Yes [] No

Based on your answer above, why or why not? [Required]

What was the most meaningful aspect of your service learning experience? [Required]

What was the most challenging part of your service learning experience? [Required]

What was the most important connection you made between course content and your service learning experience? [Required]

How did your experience impact your professional or personal goals? [Required]

Would you recommend your service-learning site to another student? [Required]

[] Yes [] No

Based on your answer above, why or why not? [Required]

These results will be shared with your professor after grades are submitted. Does the Office of Community Engagement have your permission to share your results beyond your professor to help improve service-learning at Eastern Washington University? [Required]

[] Yes [] No

Did you use OrgSync as a resource for your service-learning course? [Required] Were you using OrgSync to enter your forms and service hours?

[] Yes [] No

OrgSync Evaluation

Was OrgSync easy to use and understand? [Required]

[] Strongly Agree

[] Agree

[] Neutral

[] Disagree

[] Strongly Disagree

Additional comments regarding OrgSync's ease of use: