Your feedback is crucial to the continued development of the DCCCD Service Learning Program. Please take a few minutes to fill out this form and let us know what you think. Thank you!

Course Name and Number: __________________________ College: __________ Service Learning Agency Site: __________________

About the Service Learning Program Staff:

1. How would you rate the information you received?
   - Excellent ______ Good ______ Fair ______ Poor ______ No opinion
2. How would you rate the printed material provided?
   - Excellent ______ Good ______ Fair ______ Poor ______ No opinion
3. How would you rate the helpfulness of the staff in getting you signed up and placed?
   - Excellent ______ Good ______ Fair ______ Poor ______ No opinion
4. How was the general orientation you went through?
   - Excellent ______ Good ______ Fair ______ Poor ______ Not applicable
5. How often did you have contact with Service Learning Project staff?
   - Frequently ______ Occasionally ______ Seldom ______ Never
6. Did you understand what was expected of you?
   - Yes ______ No ______ No opinion
7. How can the Service Learning staff improve their services and better assist students?

About your service project:

8. How many hours of service did you perform? ______ hours
9. How challenging was the service at your agency?
   - Very much ______ Somewhat ______ Not at all ______ No opinion
10. How interesting were your tasks and assignments?
    - Very much ______ Somewhat ______ Not at all ______ No opinion
11. Were persons at your agency helpful in getting you started with your project?
    - Very much ______ Somewhat ______ Not at all ______ No opinion
12. How much did you learn from working at your agency?
    - Very much ______ Somewhat ______ Not at all ______ No opinion
13. Did your service project change your perceptions/attitudes about the role of community service?
    - Very much ______ Somewhat ______ Not at all ______ No opinion
14. Do you feel you made a significant contribution to your community?
    - Very much ______ Somewhat ______ Not at all ______ No opinion
15. Were you impressed by the services your agency provided to the community?
    - Very much ______ Somewhat ______ Not at all ______ No opinion
16. Did your Service Learning experience change your career or educational plans?
    - Very much ______ Somewhat ______ Not at all ______ No opinion
17. Would you do another Service Learning project at the same agency if you had a chance?
    - Yes ______ No ______ No opinion
18. Would you consider doing another Service Learning project at a different agency?
    - Yes ______ No ______ No opinion
19. Would you recommend Service Learning to your friends?
    - Yes ______ No ______ No opinion
20. Did you think your Service Learning project helped you in better understanding your classwork or lectures?
    - Yes ______ No ______ No opinion

Any suggestions on how the community agencies where you did your service can improve the experience in the future?

THANK YOU FOR YOUR HELP IN IMPROVING OUR PROGRAM AND FOR SERVING!