

MASENO UNIVERSITY
SCHOOL OF EDUCATION
DEPARTMENT OF EDUCATION MANAGEMENT AND FOUNDATIONS
COMMUNITY SERVICE LEARNING (CSL)

SITE SUPERVISOR STUDENT EVALUATION FORM

SECTION A: STUDENT & ORGANIZATION DETAILS

Student Name: _____
Registration Number: _____
Programme / Department: _____
Organization Name: _____
Site Supervisor Name & Designation: _____
Placement Period: From _____ To _____

SECTION B: STUDENT PERFORMANCE ASSESSMENT

(Please tick ✓ the option that best reflects the student's performance)

Competency Area	Excellent	Very Good	Satisfactory	Needs Improvement
Attendance & punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork & collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical behavior & integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: LEARNING AND CONTRIBUTION

- 1. Did the student's work contribute positively to the organization/community?**
 Yes To some extent No
- 2. Did the student demonstrate growth in skills or competence during the placement?**
 Yes Moderate growth Minimal growth

SECTION D: STRENGTHS AND AREAS FOR IMPROVEMENT

Key Strengths of the Student:

Areas for Improvement:

SECTION E: OVERALL ASSESSMENT

Overall Performance Rating:

Excellent Very Good Satisfactory Unsatisfactory

Would you be willing to host another CSL student from Maseno University?

Yes No Maybe

SECTION F: SUPERVISOR DECLARATION

I confirm that this evaluation is a fair and honest assessment of the student's performance during the CSL placement.

Supervisor Name: _____

Signature: _____

Date: _____