



## Public Service Commendation: Supervisor Evaluation of Student

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

### **Student Name:**

### **Organization Information:**

Name of Organization:

Organization Address:

Phone:

Fax:

Supervisor E-Mail:

### **Evaluation of Student Performance:**

Start Date: \_\_\_\_\_ End Date (or continuing): \_\_\_\_\_

Did the student complete assigned tasks in a timely manner? Yes: No:

Did the student perform in a professionally responsible manner? Yes: No:

Feedback regarding student's work and work product:

Do you have any comments/suggestions about the Public Service Commendation Program?

### **Supervisor Certification:**

***I certify that, under my supervision, (name) \_\_\_\_\_ has satisfactorily completed (#) \_\_\_\_\_ pro bono hours as indicated on the Student Time Sheet(s).***

Supervisor Name:

Supervisor Title:

Supervisor Signature:

Date:

*Please call 419-530-2851 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 the Office of Professional Development, 2801 W. Bancroft, Mail Stop 507, Toledo, OH 43606, 419-530-7922 (fax) or [opd@utoledo.edu](mailto:opd@utoledo.edu).*