

Service-Learning Grant: Evaluation and Continuation Request

Project Semester: Fall Spring Year: _____

Faculty Name: _____

Project Name: _____

1. Overall, how would you rate the success of your service-learning project this semester?

Excellent Very Good Satisfactory Unsatisfactory

Comments:

2. Quantitative Data:

- How many service-learning students did you engage? _____
- What percent of your class was this? _____
- How many Community Partners did you work with? _____
- If relevant, how many individuals did your project/students serve? _____

3. Write a brief summary of the project plan and goals:

4. What were the greatest successes of the project this semester? Did your project meet its stated goals? Describe Learning Outcomes for students, impact on course and/or department and impact on Community Partner.

5. What was most challenging about your project this semester? Consider recruitment of SL students, training needs for SL students, supervision and communication with students and the community partner.

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6. In general, in which areas did your students benefit from the service-learning experience?

Please check all that apply.

AREAS OF BENEFIT

Personal Growth and Development

Increased:

- A. Self-esteem (sense of personal worth or competence) _____
- B. Self-understanding (insight into myself) _____
- C. Sense of usefulness (doing something worthwhile) _____
- D. Personal power (belief that I can make a difference) _____
- E. Openness to new experiences _____

Academic and Intellectual Development

- F. Knowledge of people _____
- G. Higher level thinking skills (critical thinking, problem solving) _____
- H. Application of academic knowledge skills to "real life" problems _____
- I. Skills in learning from experience (asking questions, observing, synthesizing) _____
- J. Communication skills (listening, providing feedback, articulating ideas) _____

Social Growth and Development

- K. Concern for the welfare of a broader number of people _____
- L. Understanding and appreciation of people with diverse backgrounds _____
- M. Skills in caring for others _____
- N. Likelihood of involvement with community of civic affairs _____
- O. Knowledge of service-related careers _____

7. In what ways have you benefited professionally and/or personally by sponsoring this project?

8. How would you rate the support from the Office of Mentoring and Service-Learning?

- Excellent Very Good Satisfactory Unsatisfactory

Comments:

9. Additional comments on the semester?

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10. Would you like to continue this project in the coming semester?

Yes

No

a. If no, please briefly explain:

b. If yes, based on your achievements and challenges, please describe and explain any changes you plan to make in the continuing project.

11. Budget Request:

Were you previously awarded a budget for student lab aides? If so, and you would like to request a continuation award, please state your previous award (Number of lab aide hours if applicable) and actual amount spent:

Please state your requested amount for your continuation grant and explanation: Please include Faculty Sponsor grant @ approx. \$40 hr non-instructional (15 NI hours for 2nd semester or 10 NI hours for 3rd or more semester) and lab-aide funds @\$9.00 hr. Please include any explanation for additional funds or funds not spent in previous award.

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