



## Public Service Commendation: Supervisor Evaluation of Student

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

### **Organization Information:**

1. Name of Organization:

2. Organization Address:

3. Phone:

Fax:

Supervisor E-Mail:

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

4. Date placement begin: \_\_\_\_\_ Date placement ended: \_\_\_\_\_

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

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

7. Feedback regarding student's work and work product:

8. Do you have any comments/suggestions about the Pro Bono Commendation Program?

### **Supervisor Certification:**

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

Supervisor Name:

Supervisor Title:

Supervisor Signature:

Date:

*Please call 419-530-4996 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 Jessica Mehl, Pro Bono Coordinator, 2801 W. Bancroft, Mail Stop 507, Toledo, OH 43606, 419-530-7922 (fax) or [jessica.mehl@utoledo.edu](mailto:jessica.mehl@utoledo.edu)*