



20 Lake Street North, Suite 103
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www.LC4YF.org
Guiding Successful Futures

Community Work Service Site Supervisor Evaluation

Please help us to evaluate our program by answering the questions below and returning this form in the provided envelope. We value your input as we seek to improve our service to the community. If you have any questions, please contact the Intervention Manager at 651-464-3685.

Name: _____ Site: _____ Date: _____

On a scale of 1-4, 1 meaning Strongly DISAGREE and 4 meaning Strongly AGREE, please rate the following:

- Youth provided a valuable service to our organization: 1 2 3 4
- Youth learned something meaningful about this site: 1 2 3 4
- Youth made a positive connection with an adult: 1 2 3 4
- Youth worked hard and were respectful while doing their service: 1 2 3 4
- LC4YF is referring youth to you that are appropriate for your site: 1 2 3 4
- LC4YF responds to your questions and concerns in a timely manner: 1 2 3 4

What things did you see that went well?

What things could be changed to make the program better?

Any other thought you'd like to share?

Thank you for your participation in the Community Work Service program and this evaluation!