

Student Evaluation of Service-Learning

Instructor name: (_____filled in by SLSLC_____) Course name & number: (_____filled in by SLSLC_____)

Age: _____ Number of Semesters at OCCC: _____ Major: _____

		Strongly Agree			Strongly Disagree		
The service increased my awareness of the larger community	5	4	3	2	1		
The service helped me better understand the course material	5	4	3	2	1		
The service made me more interested in attending class	5	4	3	2	1		
The service helped me reflect on my life and goals	5	4	3	2	1		
The service helped my decide on career and life goals	5	4	3	2	1		
The service has increased my interest in doing further service	5	4	3	2	1		
I would recommend this course to my friends	5	4	3	2	1		
My experience with the community agency was positive	5	4	3	2	1		

How would you describe your Service-Learning experience to a friend?

Is there anything that could have been done to improve your Service-Learning experience?