

STUDENT AMBASSADOR PROGRAM EVALUATION FORM

FOR OFFICE USE ONLY

Received by _____

Date: _____

Ambassador Name: _____

Name of Activity: _____ Date of Event: _____

TO THE ACTIVITY SUPERVISOR: Please answer the following questions and use the provided rating scale to score the Student Ambassador's performance. Once completed, return form to the Office of Student Life, Room C-120. (5=Excellent, 1=Poor)

PUNCTUALITY: Student Ambassador arrived 10 minutes before assignment.

5 4 3 2 1

APPEARANCE: Clothing was neat and clean.

5 4 3 2 1

FRIENDLY AND PERSONABLE

5 4 3 2 1

ENTHUSIASM: Student Ambassador showed enthusiasm toward assignment.

5 4 3 2 1

TIMELINESS: Completed assignment within the required time limit.

5 4 3 2 1

COMMUNICATION SKILLS: Ability to communicate well in carrying out assignment.

5 4 3 2 1

QUALITY OF SERVICE: Student was thorough and knowledgeable about services and resources available.

5 4 3 2 1

Additional comments and/or recommendations.

Activity Supervisor: _____

Department: _____ Extension: _____

Activity Supervisor Signature

Date