



## Home of the Sparrow Student Evaluation

**To:** School teacher, counselor or adult who knows this student

**From:** Ginny Parry, Director of Volunteer Services

The student named below is interested in becoming a volunteer with Home of the Sparrow. We would appreciate knowing your general impression of him or her, along with your comments and observations.

The student should give you a stamped, pre-addressed envelope for your convenience. Please mail the form back to me at Home of the Sparrow at the address at the bottom of this page. All your remarks will remain confidential. If you have any questions please call me at 610-647-4940 or email me at [vparry@homeofthesparrow.org](mailto:vparry@homeofthesparrow.org).

Thank you for helping us identify appropriate young volunteers for the families in our program.

STUDENT'S NAME \_\_\_\_\_

	<u>OUTSTANDING</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
MATURITY:	_____	_____	_____	_____
DEPENDABILITY:	_____	_____	_____	_____
DISCRETION:	_____	_____	_____	_____
COMPASSION:	_____	_____	_____	_____
COOPERATION:	_____	_____	_____	_____
COURTESY:	_____	_____	_____	_____
COMMENTS:				

YOUR NAME (please print): \_\_\_\_\_

YOUR RELATIONSHIP TO THE STUDENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_