

Name: _____ Outreach Event: _____

Date _____

Student Reflection

OFFICE USE ONLY

Instructor please rate the student on the following areas:

	Exceeds Standard	Meets Standard	Fails Standard	Not Observed
Preparation for the event				
Comments:				
Provided leadership/assistance that met needs/objectives of the activity				
Comments:				
Enthusiasm/Effectiveness in presenting material				
Comments:				
Quality of Reflection				
Comments:				

Additional Comments:

Instructor Signature and Position: _____ Date: _____