

Service-Learning Program

Service-Learning Student Pre-Survey

Student Name:	EMPLID:
Student Signature:	Date:
SL Course and Semester:	SL Course Instructor:

Directions: We are conducting an evaluation of Service-Learning experiences. This is a voluntary questionnaire. You are not required to participate. It is okay to leave blank any questions that do not se

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		r response to each question by filling in the appropriate box.	
1.	I am currently active in my/the community.		
	0	Strongly Agree	
	0	Agree	
	0	Neutral	
	0	Disagree	
	0	Strongly Disagree	
2.	I feel as	s though I have a commitment to my/the community.	
	0	Strong Agree	
	0	Agree	
	0	Neutral	
	0	Disagree	
	0	Strongly Disagree	
3.	I believe being actively involved in service learning will help shape my career goals and/or path.		
	0	Strongly Agree	
	0	Agree	
	0	Neutral	
	0	Disagree	
	0	Strongly Disagree	
4.	What d	o you believe you will achieve or gain from your Service-Learning experiences?	
5.	What d	o you believe you will learn about yourself through this experience?	

- 6. What do you hope to learn about others through this experience?
- 7. What do you hope to learn about community or societal issues through this experience?

Email: servicelearning@kbcc.cuny.edu

Phone: 718 - 368 - 5115