

Client-Based Project: Client Evaluation Form

Student(s): _____

Date: _____

Client Name(s): _____

Client Title/Relationship: _____

To the Client: Please fill out this brief evaluation to help the student(s) reflect on their work and provide feedback about the process. If you have questions or would like to discuss the work done by the student(s) in confidence, please feel free to contact me directly (abby.brown@sduhsd.net is best). Thank You. –Abby Brown, Instructor

1. **Project Goals:** Please check one from the list below.

____ The student(s) exceeded the goals of this project.

____ The student(s) met the goals of this project.

____ The student(s) met most or some of the goals of this project.

____ The student(s) did not meet the goals of this project.

Comments (optional):

2. **Communication:** Including your initial meeting and final meeting with the student(s), how many meetings did you have to discuss this project? _____

Comments (optional):

3. **Use of Project:** Do you plan to use this project in your work or business or another way? If so, how do you plan to use it?

4. Do you have any additional comments, thoughts, ideas, or questions about this project? (optional)

Signature: _____

Date: _____

Thank you for your time filling out this evaluation and for helping our students contribute their knowledge outside of our classroom.

To the Student(s): Please attach this form to your Turn In/Reflection Form for your project.