



Post-Service Questionnaire

Name: _____ Student ID: _____

Email Address: _____

Street Address: _____ City & Zip: _____

Primary Phone: _____ Date of Birth: _____

Major/Career Goal: _____

Professor for SL course/or student organization: _____

Course name, number, section: _____

Name of Partner Agency: _____

5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree
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I know I can make a difference in my community.	5	4	3	2	1
I believe it is important to be involved in my community.	5	4	3	2	1
I am very likely to participate in service/volunteer activities in the future.	5	4	3	2	1
I have learned about my course content through the Service Learning Program.	5	4	3	2	1
The service I performed made me more aware of community needs.	5	4	3	2	1
I have become familiar with people from different backgrounds from mine.	5	4	3	2	1
I learned about myself and others.	5	4	3	2	1
The experience caused me to think about my attitudes, values, and perspectives.	5	4	3	2	1
This experience caused me to think about my career choice.	5	4	3	2	1
The service I did on this class provided a needed service to individuals, organizations, schools or other entities in the community.	5	4	3	2	1