St. Stephen's School Sports Program

External Supervisor Evaluation Report

Name of Student	
Name of Sport	
Date(s) of Activity	

Thank you for supporting the Sports Program at St. Stephen's School. Please take the time to fill out this evaluation form for the student you supervised.

Nature of activities the student undertook

Approximate Number of Hours Achieved: ☐

Student was:

	Yes	No	N/A
Punctual	☐	☐	☐
Polite	☐	☐	☐
Committed	☐	☐	☐

Effort:

	1	2	3	4	5	
Poor	☐	☐	☐	☐	☐	Outstanding

Other comments

This activity was ☐ Satisfactorily completed ☐ Unsatisfactorily completed.

Supervisors Name

Supervisors Signature _____

Supervisors Contact Information: *Email address:*

Phone number: _____