

Student Name\_\_\_\_\_ Semester/Year\_\_\_\_\_

Date submitted\_\_\_\_\_ O.M. Activity\_\_\_\_\_ (not "Deeds")

Evaluator\_\_\_\_\_

## **"OUTREACH MINISTRIES"** **SUPERVISOR VERIFICATION/EVALUATION**

**Full-Time Student:** *To receive a Satisfactory O.M. grade, complete a minimum of 15 approved hours of service, and have someone who has observed **one** of your O.M. activities complete this form and return it to the OM office by **the first day of final exams.***

*Activities from the "Deeds" category (see OM Handbook) do not qualify.  
Chose another OM activity for verification.*

**Evaluator:** *Please take a few moments and complete this and sign your name above. Make any additional comments/suggestions on the back. Please return it to the OM office via the student, email ([jbeavers@glcc.edu](mailto:jbeavers@glcc.edu)), mail (GLCC 6211 W. Willow Hwy, Lansing, MI 48917) or fax – 517-321-5902.*  
*-Thank you! - Judy Beavers, O.M. Director*

Use this rating scale: A – Exceptional service

B – Above average service

C – Average/Adequate service

D – Capable of better service

E – Unsatisfactory service

NA – Not Applicable

- |   |              |
|---|--------------|
| 1. Student's personal appearance                | A B C D E NA |
| 2. Student's manners                            | A B C D E NA |
| 3. Student's sincerity                          | A B C D E NA |
| 4. Student followed directions                  | A B C D E NA |
| 5. Student's punctuality                        | A B C D E NA |
| 6. Presentation was appropriate for the setting | A B C D E NA |
| 7. Student's willingness to learn               | A B C D E NA |
| 8. Student's preparation                        | A B C D E NA |
| 9. Student's enthusiasm                         | A B C D E NA |
| 10. Student's representation of Jesus Christ    | A B C D E NA |
| 11. Student's representation of GLCC            | A B C D E NA |