



International Association of Special Education (IASE)  
Volunteer Service Project Site Evaluation

This site evaluation is to be completed by the volunteer and the local site representative. Please take time to sit together and complete the form at the end of service. Then, please return the complete form to: Dr. Drower, PO Box 2159, Mesa, Arizona, 85214 USA. Or to: [iris.doug@cox.net](mailto:iris.doug@cox.net) \_\_\_\_\_

**Dates of IASE volunteer service:** \_\_\_\_\_

**Local Site name:** \_\_\_\_\_

**Local Site address:** \_\_\_\_\_

**Local contact name:** \_\_\_\_\_

**Contact information: Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E--mail:** \_\_\_\_\_

**Name of IASE volunteer:** \_\_\_\_\_

**Postal mailing address:** \_\_\_\_\_

**Contact information: Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E--mail:** \_\_\_\_\_

**Did the Volunteer project and service meet your expectations?**

**Site:** \_\_\_\_\_ **Volunteer:** \_\_\_\_\_

**What were the main activities or goals accomplished at the site?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are there future needs that could be addressed by an IASE volunteer?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Were there any problematic aspects of this experience?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_