



## TIE Volunteer Program Evaluation

Name (optional): \_\_\_\_\_

Volunteer location: \_\_\_\_\_

Total volunteer hours: \_\_\_\_\_

Did you volunteer as part of a class assignment? \_\_\_\_\_

How would you rate the improvement of English language skills of the individual(s) you worked with over the course of the semester? (circle one)

Greatly Improved    Significantly Improved    Moderately Improved    Showed No Improvement

One thing you learned volunteering with the TIE program: \_\_\_\_\_

\_\_\_\_\_

What might have improved your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Success stories: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to:

Project Coordinator

Iowa Center for Immigrant Leadership & Integration

Lang 221