

## Social Work Assessment

<b>Name of organization</b>			
<b>Address of organization</b>			
<b>Country</b>		<b>State</b>	
<b>Contact number</b>		<b>zip code</b>	
<b>Motto of organization</b>			
<b>Organization run by</b>			
<b>Members of the core team</b>			
<b>Supervisor name</b>			
<b>Name of evaluator</b>			
<i>Please rate the social work organization on the basis of the assessment done by indicating each category by the following signatures.</i>			
<b>SA-Satisfactory</b>	<b>US-Unsatisfactory</b>	<b>BE-Beyond expected value</b>	<b>NI-Needs improvement</b>
<b>The utilization of funds gained as charity</b>			
<b>Work done by support staff and volunteers</b>			
<b>Treatment of elderly</b>			
<b>Wellness and care of medical centre</b>			
<b>Cleanliness of the compound of centre</b>			
<b>Efforts put in by administrative department</b>			
<b>Techniques used to raise funds</b>			
<b>Sponsorship events held</b>			
<b>Nature of goal and orientation</b>			
<b>Implementation methods</b>			
<b>Signature of evaluator</b>		<b>Signature of supervisor</b>	
		<a href="http://sampleforms.org">sampleforms.org</a>	