

Social Work Assessment

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