<<Program name/program year>>
Member Evaluation

NAME:_____

Circle Appropriate Evaluation:

Quarter Mid-Term End-of-Term

Number of service hours completed to date: _____

Please complete this member evaluation and submit a signed copy to the office. Feel free to use additional pieces of paper if necessary. Remember to review the results of the evaluation with your AmeriCorps member.

1. Rank your AmeriCorps members performance using the following criteria:

1 = Does NOT Meet Expectations
2 = Progressing towards meeting Expectations
3 = Meets Expectations
4 = Exceeds Expectations

a. Quality of Work: _____
Comments: _____

b. Job Knowledge: _____
Comments: _____

c. Productivity: _____
Comments: _____

d. Planning: _____
Comments: _____

e. Attendance: _____
Comments: _____

f. Use of Time: _____
Comments _____

g. Communication Skills: _____
Comments: _____

h. Team Work: _____
Comments: _____

2. Specific Achievements: _____
_____
_____

3. Has the member taken an active role in the activities of the health department? ☐ Yes ☐ No _____
Explain: _____
_____
_____

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4. Has the member been involved in "Prohibited Activities"? ☐ Yes ☐ No If yes, explain: _____
_____
_____
_____

5. Please describe the most effective/positive attribute your AmeriCorps member brings to the host site:
Please describe any area of development the program staff should focus on with your member:
_____
_____
_____
_____

6. Please suggest areas for improvement or growth during the next quarter: _____
_____
_____
_____

Additional Comments: _____
_____
_____

Supervisor Signature: _____ Date: _____

Member Signature: _____ Date: _____

Member Comments: _____
_____
_____

Please submit the completed signed original copy of the Member Evaluation to the following address:

<<address>>