



RefugeeRISE AmeriCorps 2016-2017 Member Performance Evaluation

AmeriCorps Member: _____ Site: _____

Mid Term End Term Hours Completed to date: _____

Supervisor: _____ Date: _____

AmeriCorps member development is an important goal of our program. Without honest feedback, members are unable to make improvements to enhance their performance and their experience. Performance evaluations are intended to be a mutual exchange of information, enabling members to progress toward their optimal performance potential. Therefore, providing candid responses is very important.

The following competencies have been identified as areas in which members can continually strive to better themselves. Using the scales provided below, please evaluate the member based on her/his day-to-day performance and your observations as the site supervisor.

**Please rate your AmeriCorps member in the areas listed below:
(Put an X in the appropriate box)**

	Excellent	Good	Fair	Poor
1. Demonstrates knowledge and preparation to provide service effectively				
2. Fills out and submits all relevant paperwork in a timely manner				
3. Sets realistic goals and follows through with commitments				
4. Honors time commitments and demonstrates time/priority management skills				
5. Utilizes feedback and constructive criticism				
6. Represents the program professionally				
7. Shows initiative and self motivation				
8. Demonstrates decision-making and organizational skills				
9. Maintains a constructive and mature attitude throughout challenges				
10. Demonstrates leadership skills				
11. Accepts personal responsibility for learning and contributing				
12. Interacts appropriately with on-site personnel, clientele, and/or public				
13. Creative and/or resourceful in problem solving				
14. Demonstrates concern for the quality, accuracy, and completeness of tasks performed				

Site Supervisor's narrative evaluation:
AmeriCorps Member's self-evaluation: <input type="checkbox"/> I agree with this evaluation <input type="checkbox"/> I do not agree with this evaluation Comments:

Is the member on track to complete the required number of hours? Y ___ N ___

Has the member performed satisfactorily on assignments, tasks, or projects? Y ___ N ___

Has the member met other criteria? Y ___ N ___

Member's Signature

Date

Supervisor's Signature

Date