



Member Performance Evaluation Form

Evaluation #1

Evaluation #2

MEMBER NAME: _____

SPONSORING ORGANIZATION: _____

SERVICE SITE: _____

DATE OF EVALUATION REVIEW: _____

EXCELLENT – Member’s performance consistently exceeds the expectations of the position.

GOOD – Member’s performance meets the expectations of the position.

SATISFACTORY – Member’s performance is adequate and indicative of the bare minimum.

NEEDS IMPROVEMENT – Member’s performance is less than expected and needs improvement.

UNSATISFACTORY – Member’s performance is substantially weak and below the requirements of the position.

	Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
1. Professionalism					
Dresses appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets priorities and anticipates site’s needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles constructive criticism well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows policies, procedures and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependable/can be counted on to carry out duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays overall positive demeanor and attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits good character and role model qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a service ethic that is indicative of AmeriCorps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
2. Communication					
Effectively and professionally expresses ideas and thoughts verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively and professionally expresses ideas and thoughts in written form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits good listening and comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selects and uses appropriate, respectful communication methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
3. Initiative					
Undertakes personal development activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks increased responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looks for and takes advantage of opportunities to learn and serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
4. Reliability					
Responds to requests for service and assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow instructions, responds to supervisor direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends all required training sessions and weekly meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fills out and submits all relevant paperwork in a timely manner, including timesheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
5. Adaptability					
Adapts to changes in the service environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages competing demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes approach or methods to best fit the situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

6. Comment on any outstanding abilities/characteristics the member has brought to their position.

7. Comment on areas where improvement is desirable or necessary.

STATUS OF SERVICE HOURS: Is the member making satisfactory progress toward achieving the required number of service hours? Yes No

If **no**, a plan for successful completion of hours needs to be documented and on file.

	Excellent	Good	Satisfactory	Unsatisfactory
Overall Performance Status:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER REMARKS:

Primary or Secondary Project Site Staff Signature

Date

By signing below, I confirm that I have reviewed and received a copy of this evaluation:

Member Signature

Date