

Member Mid-Term Performance Evaluation

This form serves as an evaluation of the member's performance to date.

Member Name: _____ Service Site: _____

Directions: Based on performance information, the Site Supervisor should circle the number which most closely describes the AmeriCorps member's effectiveness in meeting each of the criteria.	Clearly Outstanding	Exceeding Expectations	Satisfactory	Needs Improvement	Needs Significant Improvement
Interactions with Flipside Staff & school personnel	5	4	3	2	1
Interactions with students and/or families	5	4	3	2	1
Sets priorities, anticipates needs, and avoids schedule conflicts.	5	4	3	2	1
Completes and submits all required paperwork and database entry in a timely manner.	5	4	3	2	1
Demonstrates concern for the quality, accuracy, and completeness of tasks performed (including data).	5	4	3	2	1
Establishes and keeps clear boundaries with students and staff.	5	4	3	2	1
Improves tutoring and mentoring skills during course of service.	5	4	3	2	1
Dependable and can be counted upon to carry out duties and report to service on time, regularly, and consistently.	5	4	3	2	1
Demonstrates initiative in relation to students and school activities.	5	4	3	2	1
Presentation of self in attire, demeanor, and attitude.	5	4	3	2	1
Creative and/or resourceful in problem-solving.	5	4	3	2	1
Demonstrates group leadership and facilitation skills.	5	4	3	2	1
Member communicates well about issues that arise.	5	4	3	2	1
Responsive to Site Supervisor's suggestions and supervision.	5	4	3	2	1
Member demonstrates an awareness of the diversity of students and staff and interacts well with those of diverse backgrounds.	5	4	3	2	1

1. Please illustrate some of the significant impacts that this AmeriCorps member has had with students. Specifically, in what ways have students' grades or behavior changed as a result of having this member at your site. Please elaborate.
2. Please illustrate some of the significant strengths this AmeriCorps member has displayed at your site.
3. Please illustrate some ways this member could improve. Please elaborate.

Site Supervisor Name:

Date of Review:

Once you have completed this review, please click "Submit" to send it to the AmeriCorps Program Manager. On the email please "cc" the member referenced in this review so they have a copy of the form.