



AmeriCorps for the Adirondacks

**Member Performance Review
2011-2012 Program Year**

AmeriCorps Member Name:

Site Supervisor Name:

Site:

Mid-Term Evaluation (required for all members)

End of Term Evaluation (required for all members)

Total number of hours served by member:

Please rate the member in the areas listed below:

<i>(Put an X in the appropriate box)</i>	Excellent	Good	Average	Needs Improvement	Unsatisfactory
1. Completes tasks and projects as required (meets deadlines, follows through on responsibilities)					
2. Interacts with on-site personnel, clients or public					
3. Understanding of position duties, ability to follow instructions, ask questions when necessary					
4. Sets priorities, anticipates needs, avoids scheduling conflicts					
5. Demonstrates concerns for the quality, accuracy and completeness of tasks performed					
6. Dependable and can be counted on to carry out duties and report to service on time, regularly and consistently					
7. Creative and/or resourceful in problem-solving					
8. Presentation of self in attire, demeanor and attitude					
9. Improvement of skills during course of service					
10. Please describe ways in which the member has been effective. How has he/she had a positive impact on your agency?					
11. In what areas has the member shown growth?					

12. In what areas does the member still need further development? In mid-term evaluation, how can these areas be addressed during the remainder of the term of service?

Site Supervisor Signature:	Date:
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AmeriCorps Members Signature:	Date:
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AmeriCorps Project Coordinator Signature:	Date:
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<u>Member Comments:</u>

<u>Site Supervisor Comments:</u>
