



Member Performance Evaluation

Member Name:	Supervisor:
Position Type: <input type="checkbox"/> FT <input type="checkbox"/> TQT <input type="checkbox"/> HT <input type="checkbox"/> RHT <input type="checkbox"/> QT <input type="checkbox"/> MT	Placement Site:
Date of Evaluation: _____ Hours completed to date: _____ of _____	Review Period: Type of Evaluation: <input type="checkbox"/> Midyear <input type="checkbox"/> End of Term Member Completed Term Member released early for Compelling Circumstance (documentation included in member file) Member released early for Cause

I. PURPOSE

AmeriCorps member development is a key component of effective national service programming. Service is a pathway to employment and career success for AmeriCorps members. 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.

II. SUMMARY OF OVERALL PERFORMANCE

As per 45 CFR § 2522.220 of the AmeriCorps Provisions and FAQ C.75, an AmeriCorps member (participant) will only be eligible to serve a second or additional term of service if that individual has received satisfactory performance review(s) for any previous term(s) of service in accordance with the requirements of paragraph (d) of this section. Mere eligibility for a second or further term of service in no way guarantees a participant selection or placement.

1. Member Hours

- a. Mid-Term: Is the participant on track to complete the required number of hours per his/her member service agreement?
 Yes
 No
- b. End of Term: Did the participant complete the required number of hours per his/her member service agreement?
 Yes
 No

2. Assignment/Task Completion

- a. Mid-Term: Is the participant on track to satisfactorily complete assignments, tasks, or projects?
 Yes
 No
- b. End of Term: Did the participant satisfactorily complete assignments, tasks, or projects?
 Yes
 No

3. Other Performance Criteria

- a. Mid-Term: Is the participant on track to meet any other performance criteria which were clearly communicated both orally and in writing at the beginning of the term of service?
 Yes
 No
- b. End of Term: Did the participant meet any other performance criteria which were clearly communicated both orally and in writing at the beginning of the term of service?
 Yes
 No

4. FINAL EVALUATION ONLY: Was the member’s overall performance satisfactory, and based on his/her performance, should the member be eligible for an additional term and/or the Segal Education Award?

**If you answer “No” for this question, it will affect the member’s eligibility to receive an education award at the end of his/her term of service and will prevent him/her from serving again as an AmeriCorps member, as per federal AmeriCorps regulations.*

- Yes
- No

III. PROGRAM- OR POSITION-SPECIFIC PERFORMANCE

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				

IV. ACKNOWLEDGEMENT

I acknowledge that I have received a copy of this performance evaluation and that I have had an opportunity to discuss it in detail with my supervisor. I further acknowledge that a copy of this evaluation will be added to my AmeriCorps member file.

I understand that receiving a “No” on question 4 above will affect my eligibility to receive an education award at the end of my term of service and/or will prevent me from serving again as an AmeriCorps member, as per federal AmeriCorps regulations.

If I have any objections to the information contained within this evaluation, I will submit them in writing and a copy of my written objections will be added to my AmeriCorps member file.

Member’s Signature

Date

Supervisor’s Signature

Date