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Meml	per Name:	Supervisor:
	ion Type: □TQT □ HT □ RHT □ QT □ MT	Placement Site:
Date	of Evaluation:	Review Period:
Hours	s completed to date: of	Type of Evaluation: ☐ Midyear ☐ End of Term Member Completed Term Member released early for Compelling Circumstance (documentation included in member file) Member released early for Cause
II. SUN As per will onl perform	MMARY OF OVERALL PERFORMANCE 45 CFR § 2522.220 of the AmeriCorps Pro by be eligible to serve a second or additional contact review(s) for any previous term(s) of	g members to progress toward their optimal performance very important. visions and FAQ C.75, an AmeriCorps member (participantal term of service if that individual has received satisfactors for service in accordance with the requirements of paragraph further term of service in no way guarantees a participant
1. Men	nber Hours	amplete the required number of bours per his/her membe
a.	service agreement? Yes No	omplete the required number of hours per his/her membe
b.	End of Term: Did the participant complete agreement? ☐ Yes ☐ No	e the required number of hours per his/her member service
2. Ass	ignment/Task Completion	
a.	Mid-Term: Is the participant <u>on track</u> to satisfactorily complete assignments, tasks, or projects? ☐ Yes ☐ No	
b.	End of Term: Did the participant satisfactorily complete assignments, tasks, or projects? ☐ Yes ☐ No	

a.	Mid-Term: Is the participant on track to meet a communicated both orally and in writing at the begi ☐ Yes ☐ No	ny other performance criteria which were clearly nning of the term of service?		
b.		other performance criteria which were clearly nning of the term of service?		
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			
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.				
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	nber's Signature	Date		
Sup	ervisor's Signature	Date		

3. Other Performance Criteria