



# National Bonner AmeriCorps Mid Term Evaluation

**Instructions: The member's supervisor should complete this evaluation and the results must be discussed with the member. Members must be given a copy of the evaluation.**

## Member Information Information

## Community Partner Information

\_\_\_\_\_  
First and Last Name of AmeriCorps Member

\_\_\_\_\_  
Service Partner

\_\_\_\_\_  
Campus Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

Please assess the member using the following scale:

1 - POOR    2 - FAIR    3 - GOOD    4 - VERY GOOD    5 - EXCELLENT

1. Reliability	1	2	3	4	5
2. Ability to take initiative	1	2	3	4	5
3. Ability to solve problems	1	2	3	4	5
4. Ability to work with clients	1	2	3	4	5
5. Ability to work independently	1	2	3	4	5
6. Ability to satisfactorily complete assignments	1	2	3	4	5
7. Ability to meet performance criteria communicated at the start of his/her term of service	1	2	3	4	5

## Acknowledgements

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**Please return the completed evaluation to:  
The National Bonner AmeriCorps Program  
10 Mercer Street  
Princeton, NJ 08540**