



National Bonner AmeriCorps End of 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

Community Partner Information

First and Last Name of AmeriCorps Member

Service Partner

Campus Name

Position Title

Date

Supervisor

Part I

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

Part II

Did the Member serve in a leadership position? (circle one) Yes No

If yes, please describe:

