

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	
Part I		

Please assess the member using the following scale:

I - POOR	2 - FAIR	3 - GOOD	4 - VEI	ry go	DOD	5 - E>	CELI	ENT
I. Reliability				I	2	3	4	5
2.Ability to	take initiative			I	2	3	4	5
3.Ability to	solve problem	S		I	2	3	4	5
4. Ability to	work with clie	nts		I	2	3	4	5
5.Ability to	work independ	lently		I	2	3	4	5
6.Ability to	satisfactorily c	omplete assigi	nments	I	2	3	4	5
	meet performated at the start		'n	I	2	3	4	5
Part II								
Did the Mer	nber serve in a	a leadership p	osition?	(circle	e one)	Yes		No

If yes, please describe:

Part III

Did the member successfully complete his/her term of service? Yes No

Did the member perform satisfactorily (complete all assignments, tasks, and projects)? *Please note that an answer of NO will prevent this Member from serving future AmeriCorps terms. Yes No

Comments:

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