

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