



**New Jersey Bonner
AmeriCorps Program
Midterm Performance Evaluation
2013-2014**



Instructions: This evaluation should be completed by the Member's Site Supervisor or Campus Director. The content of the evaluation must be discussed with the Member, and the Member must be given a copy of the evaluation for his/her records.

| Member Information | Community Partner Information |
|---------------------------|--------------------------------------|
|---------------------------|--------------------------------------|

First and Last Name of AmeriCorps Member

Supervisor

Campus Name

Agency

Date

Member Performance Evaluation

1. In my opinion, this Member's greatest strength is:

2. In my opinion, this Member needs to improve in relation to (please list three goals that will guide the Member's progress over the remainder of his/her term and on which he/she can be later evaluated):

a.

b.

c.

3. What else can be done to support this Member in his/her personal and professional development during this service year?

4. Other comments:

Other Evaluation Criteria

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 | 1 | 2 | 3 | 4 | 5 |

Acknowledgments

Member Signature **Date**

Site Supervisor Signature (if applicable) **Date**

Campus Director Signature (if applicable) **Date**

Program Staff Signature **Date**