



## Mid-Term Performance Evaluation

**Due: December 10, 2009**

**This evaluation must be on file at the AmeriCorps office for grant compliance. Fax to 445-0884, or mail to 904 G St, Eureka, CA 95501**

**Member:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Site:** \_\_\_\_\_

1. What are this member's greatest strengths?
  
  
  
  
  
  
  
  
  
  
2. Name at least one area you would most like to see the member progress in and how can you support them in their efforts?

**3. Please use the table on the following page to rate the member's knowledge and performance using the scale provided.** Complete columns 1 and 2 for the mid-term performance evaluation. After you turn the evaluation into the Straight Up office, we will return a copy of the table to you. Use the copy to complete column 3 by May 21, 2010. Be sure both supervisor and AmeriCorps member sign and date at time of mid-term and final evaluation review.

Member Name: \_\_\_\_\_

SCALE =

1-2 Needs Major Improvement

7-8 Very Good

3-4 Needs Improvement

9-10 Outstanding

5-6 Satisfactory

N/A Not applicable

		Due 12/10 – Complete BOTH columns		Due 5/21
<b>Knowledge Levels</b>		<b>Baseline</b> – rate the AmeriCorps member based on performance when they began their term of service.	<b>Mid-Term</b> – these ratings should reflect current performance.	<b>Final</b> – these ratings should reflect final performance as of May
1.	Child/adolescent Development			
2.	Mentoring			
3.	Multicultural awareness			
4.	Conflict resolution			
5.	Communication skills			
6.	Crisis intervention			
7.	Service Learning			
8.	Project Planning			
9.	School/community resources			
10.	Site Procedures			
<b>Performance Levels</b>				
11.	Flexibility			
12.	Reliability			
13.	Ability to take initiative			
14.	Ability to follow through with tasks			
15.	Ability to solve problems			
16.	Ability to respond to feedback			
17.	Ability to work with other site staff			
18.	Ability to work with supervisor			
19.	Time Management			
20.	Group Management			
21.	Demonstration of Leadership			
22.	Professionalism			
23.	Overall Performance			

If needed, use this space to elaborate on why you assessed the member in a particular way on any of the knowledge or performance areas listed above.

**We have discussed these areas and reviewed this written evaluation.**

Mid-term Member Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Date \_\_\_\_\_

Mid-term Supervisor Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Date \_\_\_\_\_