

**SUPERVISOR EVALUATION OF AMERICORPS MEMBER
LINKS Program**

Member: _____ **Member Signature:** _____ **Date:** _____

Supervisor: _____ **Supervisor Signature:** _____ **Date:** _____

Sponsor Organization: _____ **Service Site:** _____

Please complete this evaluation form for each LINKS part-time AmeriCorps member serving at your site. Once you have completed the supervisor section of the form, please meet with the member to discuss the evaluation and set goals for the future of the project. Document those goals in the final section of this form. Both supervisor and member signatures are required. If you represent the partner organization, please return the completed form to LINKS. Otherwise the member will return the completed form to the partner organization for return to LINKS where the final section of evaluation will be completed. Thank you!

PERFORMANCE AND ACCOMPLISHMENTS	Exceeds Expectations	Meets Expectations	Requires Improvement
Reports to service site punctually and prepared			
Achieves project goals in a timely and effective manner			
Works independently and is self-motivated			
Takes initiative and risks when appropriate			
Exhibits creative thinking and good judgement			
Seeks out and utilizes learning opportunities			

What are some of the member's accomplishments in achieving project goals?

What special skills has the member demonstrated?

With regards to performance and accomplishments - in which specific areas would you like to see the member invest more time and resources?

SKILLS, PROFESSIONALISM, AND COMMUNICATION	Exceeds Expectations	Meets Expectations	Requires Improvement
Communicates professionally with co-workers			
Effectively leads and communicates with program participants (i.e. students, community residents)			
Accepts feedback appropriately and uses it constructively			
Projects a positive attitude about community service			

What are the member's strengths in relations with co-workers, community members and program participants?

With regards to skills, professionalism, and communication - in which specific areas would you like to see the member invest more time and resources?

FOR SUPERVISOR AND MEMBER TO COMPLETE TOGETHER

What are your new goals for this placement based on your experience so far? Please describe your plan for taking action towards these goals and for measuring your success. Continue on the reverse side if necessary.

FOR LINKS COORDINATOR TO COMPLETE UPON RETURN TO LINKS OFFICE

- Based on supervisor feedback, is the AmeriCorps member successfully performing at the service site?
 Yes No
- At the time of this evaluation is the member on track to complete her/his required hours?
 Yes No

LINKS Coordinator Signature: _____ **Date:** _____