



**Marshfield Clinic AmeriCorps  
Member Evaluations  
2017-2018**

Host Site Supervisor: \_\_\_\_\_

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

**CHECK ONE**

**MID-TERM (DUE MARCH 9, 2018)**       **END OF TERM (DUE AUGUST 10, 2018)**  
 FOR THE PERIOD OF SEPT - FEB                      FOR THE PERIOD OF MAR - AUG

The evaluation should be completed by the Host Site Supervisor and then reviewed with member before they sign it.

**Professionalism**

	<b>Needs Improvement</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member presents him/herself in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**Quantity of Service**

	<b>Needs Improvement</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Completes tasks/projects as assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finds or requests more tasks when assignments are completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**Quality of Service**

	<b>Needs Improvement</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Tasks are performed conscientiously and according to high standards of quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tasks are done thoroughly and followed up as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member is willing to perform duties as assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member seeks way to continuously improve quality of service, projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tasks are done to the satisfaction of the Site Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotes time to work to get assigned responsibilities done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Communication**

	<b>Needs Improvement</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Communicates with community, youth and staff effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member speaks openly and honestly/ uses good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Collaboration**

	<b>Needs Improvement</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Member seeks to involve others in decision making or when trying to solve problems or achieve goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member works well collaboratively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new methods or tasks in a cooperative manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initiative**

	<b>Needs Improvement</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Attempts to find solutions to problems encountered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks assistance when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member can prioritize tasks to accomplish both urgent and important tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member completes assignments independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members seeks out new projects or directions when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Narrative

Please describe impact that the AmeriCorps member has had on your programs.

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Has the member service plan been effective in guiding the member's service?

YES  NO

Comments: \_\_\_\_\_

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Is the AmeriCorps member meeting or met the performance criteria in the member service plan?

YES  NO

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Current service hours as of \_\_\_\_\_ (from OnCorps) are \_\_\_\_\_ hrs. This leaves an average of \_\_\_\_\_ hours per week remaining.

Is the member on track to complete the 1700hr requirement for the education award?

YES  NO

If not, explain:

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Has the member served satisfactorily?

YES  NO

Site supervisors signature: \_\_\_\_\_ Date: \_\_\_\_\_

AmeriCorps Members signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*By signing this document you agree that you have read and reviewed.**

**Please scan and email to [blahnik.brian@marshfieldclinic.org](mailto:blahnik.brian@marshfieldclinic.org)**

**We DO NOT need the original**