



**Marshfield Clinic Health System AmeriCorps
Member Evaluations
2018-2019**

Host Site Supervisor: _____

Member: _____

CHECK ONE

____ **MID-TERM (DUE MARCH 8, 2019)** ____ **END OF TERM (DUE AUGUST 9, 2019)**
 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. DO NOT SUBMIT until signed.

Professionalism

	Needs Improvement	Meets Expectations	Exceeds Expectations
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

	Needs Improvement	Meets Expectations	Exceeds Expectations
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

	Needs Improvement	Meets Expectations	Exceeds Expectations
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

	Needs Improvement	Meets Expectations	Exceeds Expectations
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

	Needs Improvement	Meets Expectations	Exceeds Expectations
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

	Needs Improvement	Meets Expectations	Exceeds Expectations
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.

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

YES NO

Comments: _____

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

YES NO

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 hour requirement for the education award?

YES NO

If not, explain:

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

We DO NOT need the original