



The Parasol Tahoe Community Foundation
 AmeriCorps Program
**90-Day Evaluation of
 AmeriCorps Member**



Member Name: _____

Date of Evaluation: _____ Site: _____

Dates of Service: Start: _____ Expected completion: _____

Site Supervisor/Evaluator: _____

Please list type(s) of service performed by member: _____

Using the scale given below, please evaluate the performance of the above named member based on your observations as the Site Supervisor and feedback from community partners and service recipients with whom service was provided as an AmeriCorps member. While each criteria allows for brief comments of note, space given at the bottom of the form should be used as needed for additional comments to highlight specific feedback or clarify a specific rating. Please justify each rating with a comment. Please feel free to add additional criteria to the evaluation based on the AmeriCorps member's specific role at your site.

When you have finished the evaluation, have a meeting with the AmeriCorps member to review your observations. This meeting should be conducted face-to-face in an area with privacy to ensure that the member feels comfortable discussing comments on this evaluation.

Directions for Using the Rating Scale:

Circle the number that best describes the member's performance.

A. General Service Ethic

1. Member can be relied upon to serve steadily and effectively

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

2. Member demonstrates a professional demeanor when interacting with others as a service member.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

3. Member maintains an appearance (grooming, attire) appropriate to the service assignment(s) and wears the AmeriCorps uniform (t-shirt, sweatshirt, polo, or vest) during all service activities.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

4. Member demonstrates concern for the quality, accuracy, and completeness of tasks performed as a service member

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

5. Member demonstrates the ability to organize given tasks effectively

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

6. Member is able accept and utilize critical feedback effectively.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

7. Member demonstrates punctuality for service commitments and planned activities (includes meetings and trainings).

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

8. Member demonstrates ability to balance service and personal commitments appropriately.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

B. Communication

9. Member demonstrates ability to communicate plans, needs, and feedback effectively to students and/or service recipients.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

10. Member demonstrates ability to communicate plans, needs, and feedback effectively to other staff/team members

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

11. Member demonstrates ability to express and resolve conflicts effectively.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

C. AmeriCorps Philosophies

12. Member demonstrates ability to service cooperatively as a staff/team member.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

13. Member demonstrates an appreciation of and respect for other staff/team member opinions, abilities, and needs.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

14. Member demonstrates skills in taking initiative in problem solving and project management.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

15. Member demonstrates leadership skills.

Always		Sometimes		Never
1	2	3	4	5

Comments: _____

Is the member on track to complete his/her contracted hours by the end of the term?

Yes _____ No _____

18. Briefly discuss the special strengths this member has demonstrated.

19. Briefly discuss any area(s) on which this member could have focused to improve their effectiveness as a service member.

Additional Comments: (use additional space if needed)

Signature of Evaluator: _____ Date _____

Signature of Member: _____ Date _____

Signature of AmeriCorps Program Director: _____ Date _____

Complete this evaluation in its entirety. Print out, sign and date it in blue pen. Submit the original signed evaluation to Allison Becker by December 15th, 2008

Mail: The Parasol Tahoe Community Foundation AmeriCorps Program

Allison Becker, AmeriCorps Program Director
948 Incline Way
Incline Village, NV 89451