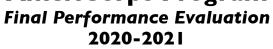


## New Jersey Bonner AmeriCorps Program





Instructions: This evaluation should be completed by the Member's Site Supervisor or Campus Director. The content of the evaluation must be discussed with the Member, and the Member must be given a copy of the evaluation for his/her records.

Member Information	Community Partner Information				
AmeriCorps Member	Supervisor				
Campus Name	Agency/Service Site				
Date					
Member Hour Log Progress Total Hours Completed:					
Average Weekly Hours to Date:					
Average Weekly Hours needed to Complete:					
Member Performance Evaluation  I. In my opinion, this Member's greatest strength is	s:				
2. In my opinion, this Member needs to improve in guide the Member's progress over the remainder of later evaluated): a.	<b>.</b>				
b.					

3. What else can be done to support this Member development during this service year?	in hi	s/her	perso	nal ar	nd professional		
4. Other comments:							
Other Evaluation Criteria							
Please assess the Member using the following scale:							
I - POOR 2 - FAIR 3 - GOOD 4 - VERY GO		5	- EXC	CELLE	ENT		
I. Reliability	1	2	3	4	5		
2. Ability to take initiative	1	2	3	4	5		
3. Ability to solve problems	I	2	3	4	5		
4. Ability to work with clients	I	2	3	4	5		
5. Ability to work independently	I	2	3	4	5		
6. Ability to satisfactorily complete assignments	I	2	3	4	5		
7. Ability to meet performance criteria communicated at the start of his/her term	I	2	3	4	5		
Acknowledgments							
Member Signature			Date				
Supervisor Signature			Date				
Program Staff Signature			Date				