



**New Jersey Bonner
AmeriCorps Program**
Final Performance Evaluation
2020-2021



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

1. In my opinion, this Member's greatest strength is:

2. In my opinion, this Member needs to improve in relation to (please list three goals that will guide the Member's progress over the remainder of his/her term and on which he/she can be later evaluated):

a.

b.

c.

3. What else can be done to support this Member in his/her personal and professional development during this service year?

4. Other comments:

Other Evaluation Criteria

Please assess the Member using the following scale:

1 - POOR 2 - FAIR 3 - GOOD 4 - VERY GOOD 5 - EXCELLENT

1. Reliability	1	2	3	4	5
2. Ability to take initiative	1	2	3	4	5
3. Ability to solve problems	1	2	3	4	5
4. Ability to work with clients	1	2	3	4	5
5. Ability to work independently	1	2	3	4	5
6. Ability to satisfactorily complete assignments	1	2	3	4	5
7. Ability to meet performance criteria communicated at the start of his/her term	1	2	3	4	5

Acknowledgments

Member Signature

Date

Supervisor Signature

Date

Program Staff Signature

Date