**Member Information**

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| --- | --- |
| Member Name: |  |
| Supervisor Name: |  |
| Host Site: |  |

**Supervisor Mid-Term Evaluation**

I feel that in general this ICAP member …

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | | Agree | | | Disagree | | | Strongly Disagree | | | NA |
| Professionalism |  | | | | | | | | | | | |
| Was able to serve with limited supervision | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Professionally interacted with students, clients, and/or staff | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently showed up on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Responsibility |  | | | | | | | | | | | |
| Set priorities, anticipated needs, and avoided schedule conflicts | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Followed through on tasks and projects | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Had a high level of attention to detail | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently complete tasks on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Performance |  | | | | | | | | | | | |
| Made significant improvements to programs and/or successfully sustained current programs | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was able to focus on a specific project or program | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was genuinely interested in serving at my organization | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has the member met all performance criteria communicated at the beginning of their term of service? | | | | * Yes | * No |
| Is the member on track to complete their planned number of service hours to date? | | | | * Yes | * No |
|  | Total hours completed: |  |  | | |
| Has the member completed all required assignments to date? | | | | * Yes | * No |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor Signature |  | Date |

**Member Information**

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| --- | --- |
| Member: |  |
| Supervisor Name: |  |
| Host Site: |  |

**Member Mid-Term Evaluation**

AmeriCorps member development is an important goal of ICAP.Without honest feedback, members and site supervisors are unable to make improvements to enhance their performance and their experience. Performance evaluations are intended to be a mutual exchange of information, enabling members to progress toward their optimal performance potential.

I feel that in general I …

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | | Agree | | | Disagree | | | Strongly Disagree | | | NA |
| Professionalism |  | | | | | | | | | | | |
| Was able to serve with limited supervision | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Professionally interacted with students, clients, and/or staff | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently showed up on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Responsibility |  | | | | | | | | | | | |
| Set priorities, anticipated needs, and avoided schedule conflicts | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Followed through on tasks and projects | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Had a high level of attention to detail | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Regularly and consistently complete tasks on time | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Performance |  | | | | | | | | | | | |
| Made significant improvements to programs and/or successfully sustained current programs | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was able to focus on a specific project or program | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |
| Was genuinely interested in serving at the organization | 7 | 6 | | 5 | 4 | | 3 | 2 | | 1 | 0 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you met all performance criteria communicated at the beginning of their term of service? | | | | * Yes | * No |
| Have you member on track to complete their planned number of service hours to date? | | | | * Yes | * No |
|  | Total hours completed: |  |  | | |
| Have you member completed all required assignments to date? | | | | * Yes | * No |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Member Signature |  | Date |