

**VOCAL AMERICORPS
MEMBER REVIEW FORM**

Member's Name _____

Start Date: _____ Hours Completed: _____

Host Site: _____

Supervisor: _____

RATING SCALE

5 = *Substantially exceeds expectations*
 4 = *Exceeds expectations*
 3 = *Meets all expectations*
 2 = *Does not meet all expectations;
needs immediate improvement*
 1 = *Not acceptable*

Review period:

☐ September through February

Due March 15th

☐ March through August

Due August 31st (or when member is leaving)

Reports to service site as required	(circle one)	YES	NO			
Demonstrates appropriate dress/grooming	(circle one)	ALWAYS	USUALLY			
Level of supervision required	(circle one)	HIGH	MED	LOW		

ELEMENTS	1	2	3	4	5
Job knowledge (understands responsibilities, tools and boundaries)					
Accepts responsibility					
Quality of work					
Work output (quantity of work meets timelines)					
Observes agency rules					
Demonstrates commitment to improvement of services					
Shows interest and enthusiasm					
Understands and follows instructions					
Begins assigned tasks promptly					
Uses initiative, seeks opportunities to learn					
Asks questions of appropriate persons					
Seeks feedback regarding performance					
Accepts feedback/criticism and uses it constructively					
Helps provide a safe and positive learning environment					
Dependability (can be relied upon to follow through)					
Analytical/problem-solving skills					
Professional and supportive relationships with co-workers					

- What are some specific work skills you have learned or improved upon to date ?

- What would you say is the most significant contribution you've made to date ?

- How would you characterize your strengths ?

- How would you characterize areas for further development ?

- What do you see as the positive results or benefits of your participation at your site ?

Complete Next Three Sections for Mid-Term Evaluation Only

Which three items did you choose for discussion as strengths, and which three items did you choose that could be improved upon?

Strengths:

- 1.
- 2.
- 3.

Work-related plan for further growth:

<u>Objective</u>	<u>Measurable Results</u>	<u>Target Date</u>
1.		
2.		
3.		

What training or development is needed to ensure accomplishment of above action plan?

Member and Supervisor signatures

Member _____ Date _____

Comments _____

Site Supervisor _____ Date _____

Comments _____

