# Site Evaluation of Member

**Operating Site**:

_____

**Person Performing Evaluation**:

_____

**CORE Susquehanna Member**:

_____

**Date of Evaluation**:

_____

**Using the scale given below, please evaluate the performance of the above-named member based on your observations as the Site Supervisor.**

**1) Member can be relied on to work steadily and effectively during service work.**

Outstanding | Above Average | Average | Below Average | Unacceptable
1            2            3            4            5

**2) Member completes tasks accurately and in a timely manner as assigned.**

Outstanding | Above Average | Average | Below Average | Unacceptable
1            2            3            4            5

**3) Member demonstrates a professional demeanor when interacting with others.**

Outstanding | Above Average | Average | Below Average | Unacceptable
1            2            3            4            5

**4) Member maintains an appearance (grooming, attire, behavior) appropriate to the service assignment(s).**

Outstanding | Above Average | Average | Below Average | Unacceptable
1            2            3            4            5

**5) Member is able to accept and use critical feedback in an effective manner.**

Outstanding | Above Average | Average | Below Average | Unacceptable
1                        2                    3                  4                          5

**6) Member demonstrates ability to communicate effectively to supervisor(s) and other site constituents (clients, students etc.)**

Outstanding | Above Average | Average | Below Average | Unacceptable
1                        2                    3                  4                          5

**7) Member listens effectively.**

Outstanding | Above Average | Average | Below Average | Unacceptable
1                        2                    3                  4                          5

**8) Member demonstrates ability to express and resolve conflicts effectively.**

Outstanding | Above Average | Average | Below Average | Unacceptable
1                        2                    3                  4                          5

**9) Member demonstrates leadership skills and is able to serve in an independent manner.**

Outstanding | Above Average | Average | Below Average | Unacceptable
1                        2                    3                  4                          5

➢ Member hours to date

_____

Is Member on track with hours?  Y_ _ _  N_ _ _

➢ All required activities to date completed. Yes or No

➢ Please list any special strengths that the member has demonstrated.

_____

_____

_____

➢ Please list any area(s) on which this member should focus to improve their effectiveness as a service member.

_____

_____

_____

➢ **If any "Average" or below, please use this space to explain:**

_____

_____

_____

Signature of Member:

_____

Date:

_____

Signature of Evaluator:

_____

Date:

_____

Union-Snyder
**COMMUNITY ACTION**
AGENCY

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**AmeriCorps**