

Site Evaluation of Member

Operating Site: _____

Person Performing Evaluation: _____

CORE Susquehanna Member: _____

Date of Evaluation: _____ Time period: Midterm ___ End of Term ___

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 _____ 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.

➤ **Please use this space for additional comments that you would like to add:**

Signature of Member: _____ Date: _____

Signature of Evaluator: _____ Date: _____