



# Supervisor/Mentor Final Evaluation of Member



This evaluation is one of the many tools for monitoring the progress of each participant. Evaluations should be a profile of the participant's experience that documents their highs, lows, triumphs and struggles. Your evaluations and meetings are professional performance evaluations. This evaluation preferably should be completed in person with the participant and a site supervisor.

Member Name: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

### Overall Ratings:

- 1- Unsatisfactory (never demonstrates this ability/does not meet expectations)
- 2- Fair (Sometimes demonstrates this ability/meets minimum expectations)
- 3- Commendable (Usually demonstrates this ability/sometimes exceeds expectations)
- 4- Exceptional (Always demonstrates this ability/consistently exceeds expectations)

### 1) Building Essential Professional Habits:

- Demonstrates strong work ethic 1  2  3  4
- Shows pride and interest in work 1  2  3  4
- Maintains professional demeanor with coworkers 1  2  3  4
- Maintains appropriate professional boundaries 1  2  3  4

### Optional Comments:

### 2) Policies & Safety:

- Understands and follows Stewards and Agency policies and procedures 1  2  3  4
- Demonstrates sound judgment and works in safe manner around others 1  2  3  4
- Conscious of personal hygiene, wears appropriate PPE and/or uniform. 1  2  3  4

### Optional Comments:



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### 3) Civic & Community Engagement:

- Willing to receive and incorporate feedback 1  2  3  4
- Gives feedback in constructive manner 1  2  3  4
- Shows capacity for self-reflection, resilience, and adaptability. 1  2  3  4
- Participates in all requested activities, engages others 1  2  3  4
- Acts as part of a greater team and understands the importance of teamwork 1  2  3  4
- Displays passion for the work and “buy in” to the mission and project work 1  2  3  4

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#### Optional Comments:

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### 4) Self-Responsibility, Leadership & Communication:

- Identifies issues and solutions 1  2  3  4
- Takes a leadership role 1  2  3  4
- Sets goals and follows through 1  2  3  4
- Demonstrates ethics and integrity in decision making 1  2  3  4

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#### Optional Comments:

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### 5) Technical Skills & Knowledge:

- Demonstrates understanding of and respect for service learning 1  2  3  4
- Demonstrates technical knowledge related to the projects 1  2  3  4
- Continues to improve skills as needed to perform the project 1  2  3  4

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#### Optional Comments:

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## 6) Productivity and service projects:

- Aware of position plan and term project goals 1  2  3  4
- Has organized tasks and prepared to reach goals set by supervisor and self 1  2  3  4
- Works in a timely manner to complete tasks as outlined 1  2  3  4
- Can, when required, complete project in a solo capacity 1  2  3  4

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## Optional Comments:

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**Goals and Professional Development:** If goals were identified at the beginning of the position, what progress has the participant made toward achieving those goals? If no goals were set, how has the member developed professionally during this position?

## Final Comments:

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**Member and Supervisor must complete this section together Required Section**

- 1) Does the member have plans (employment, internships, travel, etc.) in the next 1-2 month(s)?
- No Yes Maybe

*If yes/maybe, what plans/employer?*

2) AmeriCorps Service Term Information:

1. An "in person" end of season evaluation has been conducted. As of today, the member has completed \_\_\_\_\_ hours.
2. The member will complete the required hours by the end of the term.  Yes or  No
3. Has the member satisfactorily completed assignments? Yes or No
4. Has the member met other performance criteria that were clearly communicated at the beginning of the term of service? Yes or No
5. If this is the first AmeriCorps term for this member, based on performance this term, is this member eligible for a second term in your Corps or another AmeriCorps program? Yes or No  
If no, explain:

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AmeriCorps Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please rename this file as shown below and email to your program contact:**

Member Last Name-Final-Eval\_date Example: *Smith-Final-Eval\_04-12-21*

**IMPORTANT:**

Please ensure to also complete a Final Individual Placement Partner Evaluation (sent automatically to your inbox from the Community Portal). This evaluation is short and required per AmeriCorps to provide your assessment on project impact.

Please also ensure all timesheets are approved.

**For Stewards Staff only:**

- Enrollment Date:
- Length of Member Term:
- Total Hrs. Completed:
- Member Exit Date: