

# CSU Extension 4-H STEM AmeriCorps Program Member Mid-Term Performance Review 2021-2022



**COLORADO STATE UNIVERSITY  
EXTENSION**



**AmeriCorps  
Colorado**

Please complete this evaluation based on the AmeriCorps member’s entire service performance. The evaluation is to reflect your observations of and interactions with the member, evaluation, and performance data as well as the inputs of others associated with the member in the course of their service. Give examples wherever possible to demonstrate growth and performance of the member.

**AmeriCorps Member Name:** \_\_\_\_\_

**Host Site Supervisor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please use this rating key for the following evaluation:**

- 5** = Consistently surpasses expectations, distinguished performance
- 4** = Frequently surpasses expectations, noticeably better than standard performance
- 3** = Fully acceptable performance, fully productive
- 2** = Needs Improvement, performance shows noticeable need for improvement
- 1** = Unacceptable— performance is below the acceptable level
- N/A** = Not Applicable—Insufficient evidence to determine a rating or not part of service

<b>Competency: Communication Skills</b>	
	Interacts well with fellow AmeriCorps members, staff, and/or other program stakeholders
	Handles grievances and conflict management maturely
	Represents the program professionally
	Sensitivity—Demonstrates an interest in and respect for others
<i>Comments:</i>	
<b>Competency: Individual Development</b>	
	Demonstrates creativity and/or resourcefulness in resolving challenges
	Accepts feedback from others and has improved in relevant skills during term of service
	Identifies ways for self and others to engage in community service
	Applies knowledge, skills, and attitude gained through service
<i>Comments:</i>	

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<b>Competency: Leadership Ability</b>	
	Works independently. Self-managing and resourceful
	Shows initiative and self-motivation, ability to overcome obstacles
	Demonstrates decision-making and organizational skills
	Demonstrates group facilitation skills
<i>Comments:</i>	
<b>Competency: Professionalism</b>	
	Presents self in appropriate attire, demeanor and attitude
	Submits required reports, information and data by the due date
	Attends all scheduled meetings, trainings and events. Seeks out appropriate professional development opportunities
	Communicates timely and clearly with program staff and stakeholders
<i>Comments:</i>	
<b>Competency: Educational Delivery</b>	
	Implements 4-H STEM programming with integrity
	Selects and/or develops age and skill appropriate curriculum for use with youth
	Evaluation data suggests youth are developing skills, knowledge, positive attitudes, and aspirations regarding STEM
	Demonstrates ability to make STEM fun and engaging for participants
<i>Comments:</i>	

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## Mid-Term Member Performance Summary

*Members and supervisors are to discuss and complete this portion of the form during the performance review meeting.*

**What are the AmeriCorps member's strengths?**

*Comments:*

**Please highlight specific accomplishments and areas of growth since the beginning of the year.**

*Comments:*

**How has the member positively impacted the youth, the partner site and/or the community?**

*Comments:*

**How can the member continue to grow personally and professionally? Specify trainings, education, next steps.**

*Comments:*

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## Acknowledgement of Mid-Term Performance Review

AmeriCorps Member Name: \_\_\_\_\_

Host Site Supervisor Name: \_\_\_\_\_ Partner Site: \_\_\_\_\_

Term of Service: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

The above-named individuals acknowledge that a mid-term performance review has been conducted in accordance with the AmeriCorps Provisions, Section B(7)(g).

### Mid-Term Education Award Related Questions

Number of qualified service hours completed to date: \_\_\_\_\_

1. Has the member completed their planned number of service hours?  Yes  No
2. Has the member completed all required assignments?  Yes  No
3. Has the member met all performance criteria communicated at the beginning of their term of service?  Yes  No

If no to any question, describe plans to meet or catch up in regard to service agreement.

By signing below, each participant acknowledges that they participated in the review and are aware of and have discussed its contents. It does not necessarily mean that the member agrees with the supervisor's assessment. The member may appeal this review through the process described in the member manual.

AmeriCorps Member Signature	Date

Site Supervisor Signature	Date

<i>Completed evaluation reviewed by</i>	
Program Manager Signature	Date

***\*Provide the member with a copy of the completed form; supervisors should retain a copy for their files. Scan and email the completed form to the CSUE AmeriCorps Program Manager.***