

VISTA MEMBER PERFORMANCE EVALUATION

*Due to Campus Compact of Oregon by the VISTA Member’s last day of service.*

**Supervisor and VISTA Member**:

Please fill out this form electronically *except for any needed signatures and any sections specifically stated to be handwritten*. Signatures should be written in black ink.

* You will each complete a copy of this evaluation filling out Part One, Part Two, and Part Three.
* After each of you have completed a copy of this evaluation, please take time to meet and discuss each of your answers and comments together. Emphasis should be on praising where praise is due, and brainstorming reasons for challenges and providing constructive feedback on any improvements to be made.

**VISTA Member Only:**

* After you have met with your Supervisor(s) and read and discussed the evaluation, please complete Part Four on your Supervisor’s copy making comments in the space provided then signing your name.

**Supervisor Only:**

* After the VISTA Member has completed Part Four on your copy of the evaluation, please scan both copies of evaluations, and email them to the VISTA Program: [vista@oregoncampuscompact.org](mailto:vista@oregoncampuscompact.org). These will be kept in the member’s personal file.

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| Evaluation Period: |  |
| VISTA Member Full Name: |  |
| Supervisor Full Name(s): |  |

**PART ONE**

Enter the VISTA’s key responsibilities (may use VAD activities) and comment on their progress and competence in each area. *Add rows or additional paper as needed.*

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| Key Responsibilities | Evaluation of Performance |
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**PART TWO**

Reflect and respond to each question. All materials should be reviewed by the VISTA Member *before* they sign this evaluation.

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| Communication | Evaluation of Performance |
| How does the VISTA work with others (staff, students, community partners, faculty, etc.)? |  |
| How often and how well does the VISTA seek to be a team player? Do they help others during slow periods? |  |
| How successful is the VISTA in asking for and obtaining the cooperation of others? |  |
| How effectively does the VISTA resolve conflicts with others? |  |
| How effectively does the VISTA communicate questions or concerns? |  |
| How is the VISTA’s attendance, punctuality, requesting time off, and adherence to organizational policies and procedures? |  |

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| Knowledge and Independence | Evaluation of Performance |
| How would you characterize the VISTA’s progress with regard to their key responsibilities? If not satisfactory, specify why. |  |
| How does the VISTA judge, resolve, or seek help clarifying priorities? |  |
| How efficient is the VISTA in managing work? |  |
| How well is the VISTA able to take action without direction? |  |
| How often and how well does the VISTA seek out new and better ways of accomplishing a task? |  |
| How well and how often does the VISTA seek out new responsibilities? |  |
| How well does the VISTA meet deadlines? |  |
| How complete and thorough is the VISTA’s work? Does the work often need close review? |  |

**Describe the VISTA’s greatest achievement(s) during this evaluation period:**

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**PART THREE**

# Supervisor’s Overall Evaluation of Performance

**Select one of the below:**

Performance is ***superior***, the VISTA Member consistently shows initiative and readily accepts new responsibilities.

Performance is ***very good*** and above normal expectations.

Performance is ***satisfactory*** and meets minimum expectations.

Performance is generally ***less than satisfactory*** and requires improvement.

Performance is consistently ***unsatisfactory*** and immediate improvement is necessary.

**Supervisor Comments (may be typed):**

In the space below, please provide a summary and feelings of the VISTA Member’s overall performance. Please also note specific areas of performance where the Member succeeded as well as any possible improvements.

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| Supervisor Full Name and Date: |  |
| This Evaluation was Discuss with the Member on the Following Date: |  |
| Supervisor Signature: |  |

**PART FOUR**

VISTA Member Review

**VISTA Member Comments (should be handwritten):**

In the space below, please enter any comments you have regarding this evaluation. Feel free to include another sheet of paper if necessary.

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| VISTA Member Full Name and Date: |  |
| This Evaluation was Discuss with me on the Following Date: |  |
| VISTA Member Signature: |  |