

**AmeriCorps Student Leaders in Service**  
**Education Award Only Program**  
**Supervisor Evaluation**

**Supervisors:** Please complete this evaluation on your AmeriCorps member with feedback related to the service and support s/he provided with the ASLIS Program. Please keep a copy of this document in the Member's file.

Date: \_\_\_\_\_

The following is an evaluation for: \_\_\_\_\_  
*(Member's Name)*

Member enrolled in a \_\_\_\_\_ (# hours) hour term of service.

Member completed \_\_\_\_\_ (actual # of hours completed) hours.

- Member complied with all SLIS and AmeriCorps guidelines and rules during their term of service, as outline in the Member Contract.
- Member was provided with Member Handbook, the ASLIS website information, and other required information.
- Member completed all required paperwork and requirements for the SLIS AmeriCorps program, as outlined in the Member Handbook.
- Member successfully completed their hours and their term of service in AmeriCorps on or before their contract end date.
- Member was provided information about the required end of term evaluation.
- Member successfully met their service goals, as outlined in their Site Agreement Plan.

Site Supervisor Name (print) \_\_\_\_\_

Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_