Host Site Supervisor Evaluation Form

Name: ______________________________________

Title: ______________________________________

Date: ______________________________________

Program Name: ___________________________________________________

Host Site Name: _________________________________________________

How long have you been working with the AmeriCorps Program?

[Box]

How is the communication between host sites and AmeriCorps Staff?

[Box]

Do you receive support and resources from the AmeriCorps Staff?

[Box]

Are you familiar with the system for processing time sheets?

[Box]
How are the objectives of the AmeriCorps program communicated to you?

Describe some of the accomplishments in meeting the objectives:

Do you think the program provides a direct benefit to those it serves, including the community?

How well do you feel the members are prepared and training?

What type of training do you provide for the members?

How are the members performing?
Share some of the highlights in working with the AmeriCorps program:


Do you have any recommendations for improving this partnership?


Other comments: