

# PITTSBURGH HEALTH CORPS MID-YEAR EVALUATION FORM

# SAMPLE

Name of PHC member \_\_\_\_\_

Placement Site \_\_\_\_\_

Period Covered by the Evaluation \_\_\_\_\_

Date \_\_\_\_\_

Please assess the outreach worker using the following scale:

1 - POOR      2 - FAIR      3 - ACCEPTABLE      4 - GOOD      5 - EXCELLENT

1. Flexibility	1	2	3	4	5
2. Reliability	1	2	3	4	5
3. Ability to take initiative	1	2	3	4	5
4. Ability to solve problems	1	2	3	4	5
5. Ability to respond to feedback, i.e. constructive criticism	1	2	3	4	5
6. Ability to work with colleagues	1	2	3	4	5
7. Ability to work with supervisor	1	2	3	4	5
8. Ability to work with other site staff	1	2	3	4	5

**SAMPLE**

9. Ability to work with clients	1	2	3	4	5
10. Ability to work independently	1	2	3	4	5
11. Ability to convey appropriate information	1	2	3	4	5
12. Ability to make appropriate referrals	1	2	3	4	5
13. Ability to maintain written records	1	2	3	4	5
14. Commitment to increasing knowledge base and expertise	1	2	3	4	5
15. Demonstration of leadership	1	2	3	4	5
16. Overall Contribution	1	2	3	4	5
17. _____	1	2	3	4	5
18. _____	1	2	3	4	5
19. _____	1	2	3	4	5
20. _____	1	2	3	4	5

If needed, use this space to elaborate on why you assessed the member in a particular way on any of the characteristics or skills listed above.

21. In my opinion, this member's greatest strength is:

**SAMPLE**

22. In my opinion, this member needs to improve in relation to: (please list three goals that will guide the member's progress over the remainder of their term and on which they can later be evaluated).

a.

b.

c.

23. What else can be done to support this Corps member in their personal development and with their accomplishments during this service year?

24. Other comments:

Site Supervisor's signature: \_\_\_\_\_

Today's date: \_\_\_\_\_