CAC Member Evaluation

Mid-Term ___________________________ End-of-Term ___________________________

CAC member name:______________________ Campus:______________________________

Providing feedback to CAC Members on a regular basis is recommended. For auditing purposes, a mid-term and an end-of-the-term CAC Member Evaluation is required to be completed by the Program Supervisor and the member during their term of service.

Check one box:
1. The member is making progress towards the goals outlined in their position description.
   □5 Excellent □4 Above Average □3 Average □2 Below Average □1 Unsatisfactory

____________________________________________________________________________

2. The member takes full advantage of training opportunities available to them.
   □5 Excellent □4 Above Average □3 Average □2 Below Average □1 Unsatisfactory

____________________________________________________________________________

3. The member communicates effectively about needs and requests assistance as needed.
   □5 Excellent □4 Above Average □3 Average □2 Below Average □1 Unsatisfactory

____________________________________________________________________________

4. The member is responsive to feedback and incorporates new information into daily work activities.
   □5 Excellent □4 Above Average □3 Average □2 Below Average □1 Unsatisfactory

____________________________________________________________________________

Comments (member strengths, areas of improvement, etc)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

END-OF-TERM ONLY (choose one):
Successful completed the required term of service, eligible for full education award ________
Was released from service for compelling personal circumstance, eligible for pro-rated education award ________
Was released from service for cause, ineligible to receive an education award ________

CAC Member’s Signature ___________________________ Date ___________________________

CAC Program Supervisor Name _________________________ Signature _________________________ Date ___________________________