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**CommUnity Health Center-AmeriCorps Program**

**Quarter:** 1 2 3 4

**Site Visit Form**



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| Member Name: |  | Date: |  | Time: |  |

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| --- | --- |
| Supervisor Name: |  |

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| --- | --- |
| Service Site Location: |  |

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| --- | --- |
| Name of AmeriCorps Program Staff Conducting Review: |  |

**SITE VISIT CHECKLIST:**

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| **ITEM** | **YES** | **NO** | **FEEDBACK** |
| **MEMBER** | | | |
| Professional Appearance |  |  |  |
| AmeriCorps Pin/Button |  |  |  |
| Performing allowable and position description defined service |  |  |  |
| Satisfactory performance with other members, staff, beneficiaries, etc. |  |  |  |
| Member prepared for the day? |  |  |  |
| **SERVICE SITE** | | | |
| Visible AmeriCorps sign/logo |  |  |  |
| Member sign-in sheet/log |  |  |  |
| **REVIEW with SITE SUPERVISOR** | | | |
| Duties and responsibilities of supervisor |  |  |  |
| Duties and responsibilities of AmeriCorps members |  |  |  |
| Prohibited activities |  |  |  |
| Program guidelines and policies |  |  |  |
| Performance measure data |  |  |  |
| Member attendance |  |  |  |
| Member performance/attitude |  |  |  |
| Member accomplishments |  |  |  |
| Member consistently serving required minimum hours per week |  |  |  |
| Service impact stories (attached) |  |  |  |

**Additional Questions/Comments:**

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| 1. What is typical member service for this member? |  |
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| 1. Member concerns about their service, site, etc.? |  |
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| 1. Supervisor concerns about the member? |  |
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| 1. What improvements have you seen or desire to see? |  |
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| 1. AmeriCorps Program Staff comments: |  |
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