

Student Community Action Team

Partner Agency Survey of Member Performance Evaluation

Please fill out the following performance review as completely as possible to assess the impact and performance level of the SCAT member(s) assigned to your agency. Please use a separate survey form for each SCAT member at your agency. These surveys will be used to evaluate the member for future participation in the SCAT program and in creating member requested reference letters. Your comments on any aspect of the SCAT program or the SCAT member(s) are greatly appreciated and confidential. Thank you for your time and consideration in this matter. Please mail, email, or fax (417-836-7608) this completed evaluation to our office by **May 4, 2010**.

Member Name: _____

Agency Name: _____

Supervisor Name: _____

Performance Fulfillment:

Please rate the member's performance in the following areas. Choose the number on the scale that best matches their performance level and place in the "score" column. Please write in any appropriate or necessary comments or explanations at the end of the survey.

SCALE: 1=Poor 2=Improvement Needed 3=Satisfactory 4=Very Good 5=Excellent	
Evaluation Question:	Score:
1. How would you rate the attendance record of the SCAT member in regards to agreed upon/scheduled hours of service?	
2. How would you rate the quality of relationship and interaction concerning the SCAT member and other agency staff or volunteers?	
3. How would you rate the SCAT member's level of motivation?	
4. How would you rate the SCAT member's general attitude?	
5. How would you rate the SCAT member's use of problem solving?	
6. How would you rate the SCAT member's communication skills?	
7. How would you rate the SCAT member's ability and use of innovation to create new programs or procedures that are appropriate for your agency?	
8. Overall, what is your level of satisfaction with the quality of service provided by the SCAT member?	
9. Overall, how satisfied are you with the SCAT program?	
10. What is the chance that your agency will want to partner with the SCAT program in the future?	

Missouri State University
Office of Student Employment-SCAT
901 S. National Ave.
Springfield, MO 65897
Fax: 417.836.7608
scat@missouristate.edu

Fulfillment of Objectives:

Based on the Service Description provided by your agency and approved by the SCAT Advisor, how well did the SCAT member meet the overall objectives for their area of service?

Did the SCAT member do anything above and beyond the call of duty to make their service more meaningful or effective at your agency?

Is there any area in the outlined Service Description that the SCAT member is not meeting? If so, why?

How has the SCAT member's service impacted your agency as a whole?

Other Feedback:

Please write all other feedback and comments on either the SCAT member or the SCAT program here or on additional sheets of paper.

Thank you!

Supervisor Signature: _____

Missouri State University
Office of Student Employment-SCAT
901 S. National Ave.
Springfield, MO 65897
Fax: 417.836.7608
scat@missouristate.edu