

Mid Year Review

Agent: _____ Month/Year: _____ Time: _____

I. Educational Effectiveness and Quality

Score:

- | | |
|---|----------------------|
| A. Program Development (ID) | |
| 1. Program Planning | <input type="text"/> |
| 2. Program Implementation | <input type="text"/> |
| 3. Program Evaluation | <input type="text"/> |
| B. Program Development (Outreach) | <input type="text"/> |
| C. Accountability/Interpretation | <input type="text"/> |

Supervisor Summary:

Goals:

II. Program Resources

- A. Volunteer Management and Engagement
- B. Other Human Resources
- C. Material Resources

Supervisor Summary:

Goals:

III. Relationships and Teamwork

- A. Internal Relationships
- B. External Relationships
- C. Overall Teamwork

Supervisor Summary:

Goals:

IV. Professional Development and Professionalism

- A. Professional Development
- B. Professionalism

Supervisor Summary:

Goals: