

ST. CLAIR HIGH STUDENT COUNCIL

COMMITTEE MEMBER EVALUATION FORM

Project Name: _____

Committee Member's Name: _____

Did you attend all the meetings for your committee? **YES NO**

If not, WHY? _____

What did you specifically do for this project?

1.	2.
3.	4.
5.	6.

Did you complete all of your tasks on time? **YES NO**

If not, WHY? _____

Did you attend this entire event, including set up and clean up? **YES NO**

If not, WHY? _____

Are there any special circumstances we should be aware of, if so explain: _____

PERFORMANCE RATING:

Excellent Work: Keep up the good work! = circled all 3 questions "yes"

Good Work: Your help was appreciated, but realize you probably created additional work for your committee by not following through on all of your commitments, please be more responsible on your next project = circled 2 of the 3 questions "yes"

Poor Work: You let down your committee members, please realize someone else had to pick up the slack you created, you were not much of a team player on this project, if you wish to remain a member of our council you will need to improve your performance on future projects = circled 0 or 1 questions "yes"

Member's Signature: _____ Date: _____

FOR THE COMMITTEE CHAIRPERSON

Please list any disagreements you have with the above self-evaluation or any additional information you would like to add about this member.

Chairperson's Signature: _____ Date: _____