



2019-20 SITE VISIT FORM

Date: _____

ACCESS staff: _____

Partner Agency: _____

Supervisor: _____

Member(s): _____

MEMBERS

Describe the highlights of your service.

What is going well for you?

What challenges or concerns do you have with the following and is there something that I can I do to help address them?

Program Documentation:

Site Placement:



2019-20 SITE VISIT FORM

Has anything changed in your life that might interfere with your AmeriCorps commitment (i.e., got a new job, working more hours, been accepted to school, applying to study abroad, internship, etc.).

SUPERVISOR

What is going well with your AmeriCorps member(s)?

What challenges or concerns do you have with your AmeriCorps members?

How do you demonstrate support and appreciation for your AmeriCorps members?

For Staff Only:

Member has workstation: Desk___ Phone___ Computer___ Member(s) is/are wearing AmeriCorps gear___

AmeriCorps sign is placed in a visible location at site agency. ___

Issues and/or concerns addressed at this visit:



2019-20 SITE VISIT FORM

Follow Up / To-do:
