



Volunteer Coordinator Evaluation Form

CASA Volunteer



In order to improve our advocate supervision we would like your assistance. Please answer the following questions below. All information will be kept confidential. In the event more information is desired as follow up, the Executive Director will contact you directly for the information and your approval to address with any necessary individual.

Thank you in advance for sharing your opinions and experience with us.

Name of person completing evaluation (optional): _____

Coordinator To Evaluate (circle): Susan Jagim DeNean White Laura Benson

Evaluation Date: _____

Please check the box to indicate your rating

	Very Good	Satisfactory	Needed Improvement	No Knowledge
1. Attitude / Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Helpfulness / Ability to answer questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provided appropriate guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Encouraging / Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Kept appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Addressed concerns in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please list any improvements you wish to see with the Volunteer Coordinator and/or CASA Program.

9. Any additional comments?