

SAMPLE VOLUNTEER EVALUATION AT CASE CLOSURE

Volunteer: _____ **Date:** _____

Name of case closing: _____ **# years/months on case:** _____

Completed by Supervisor

	Needs improvement	Fair	Good	Very Good	Superior
Contact with child:					
<i>Comments:</i>					
Contact with the family:					
<i>Comments:</i>					
Contact with other professionals:					
<i>Comments:</i>					
Attendance at hearings, and other case related meetings:					
<i>Comments:</i>					
Assessment skills:					
<i>Comments:</i>					
Reliability: Reliable about schedule and time commitment					
<i>Comments:</i>					
Court report writing skills/performance in court: Reports are fact based and child focused					
<i>Comments:</i>					
Contact with supervisor:					
<i>Comments:</i>					

What strengths does this volunteer have?

Benefits to program from this volunteer's skills, experience and knowledge are:

Additional Comments:

Completed by Volunteer

	Needs improvement	Fair	Good	Very Good	Superior
Supervision					
Supervisor was available to you when you had questions or needed information.					
Supervisor valued your time and contributions as an advocate.					
Supervisor considers you a priority and that your time is valuable.					
Training					
Information, concerns and goals of your case(s) were clearly explained.					
Advocate goals, expectations and the tools needed to perform the assigned tasks were given.					
Would you recommend CASA to your friends? <input type="checkbox"/> YES <input type="checkbox"/> NO					
What other training or growth opportunities would you like to see offered?					
What additional "tools" would make your work more effective and/or pleasant?					
Was this experience rewarding to you? Why?					
Did your experience match your expectations? <input type="checkbox"/> YES <input type="checkbox"/> NO. If no, would you let us know why?					
Would you be willing to take another case? <input type="checkbox"/> YES <input type="checkbox"/> NO. If no, would you let us know why?					
Additional Comments:					

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____