

PART A – To Be Completed By VISTA

(Print or Type – Forward through supervisor to the Corporation for National Service State Office)

1. Name of VISTA (Last name, first name, middle initial) | 2. Social Security No. | 3. Telephone No. (include area code)
4. Name of Project | 5. Mailing Address at Project | 6. Scheduled Date of Termination
7. I would like to (Check One):
- A. Extend my service for less than one year, until (Date): _____
 - B. Reenroll for an additional year and elect (Check One): Education Award Stipend
 - C. Complete my service as scheduled on (Date): _____
 - D. Terminate my service early (Date): _____

Reason for terminating early: _____

8. I plan to return to my home of record by (Check One):
- Air Private Automobile (Driver)
 - Rail Private Automobile (Rider)
 - Bus Motorcycle
- Dates I plan to travel: _____
9. Permanent Forwarding Address and Phone No. (Include area code):

PART B – VISTA PERFORMANCE EVALUATION

(TO BE COMPLETED BY VISTA's SUPERVISOR – Print or type – Send to the Corporation for National Service State Office)

1. Describe VISTA's major duties and accomplishments: (Attach a separate sheet of paper if necessary)

2. Please rate the following:

3. Recommendation:

	Poor	Adequate	Above Average	Excellent	
Initiative.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reenrollment
Judgment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acceptance of Responsibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extension
Relationships with Co-Workers....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationships with Community....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Termination
Overall Performance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Supervisor's Signature

Date

VISTA's Signature

Date

PART C – EXTENSION AND ENROLLMENT INFORMATION

(To be completed by State Program Official, if applicable)

1. Action Requested

- Extension at Current Project Reenrollment at Current Project Other _____
- Extension at New Project Reenrollment at New Project _____

2. Additional pertinent information about VISTA not included in Part B.

Recommendation: Approve Disapprove

Approve Disapprove

Program Specialist of Current Assignment

Date

State Director of Current Assignment

Date