

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

The provision of information in this form is voluntary and falls under the provisions of the Privacy Act of 1974 (5 U.S.C. 552a) and “CNCS Statement of General Routine Uses” (42 F.R. 182)