



QUABBIN VALLEY PARANORMAL

Investigating the Paranormal in New England Since 2007

Membership Evaluation

Member Name:	Evaluation for the period:
Director Name Performing Evaluation:	Meeting Requirement's Met <input type="checkbox"/> Yes <input type="checkbox"/> No Activity Requirement's Met <input type="checkbox"/> Yes <input type="checkbox"/> No

GOALS AND OBJECTIVES DURING THIS EVALUATION PERIOD

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ACHIEVEMENTS, ACCOMPLISHMENTS, AND RESPONSIBILITIES (COMPLETED BY MEMBER)

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EVALUATION (COMPLETED BY DIRECTOR OR DESIGNEE)

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STRENGTHS AND AREAS FOR DEVELOPMENT

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CAREER DEVELOPMENT PLAN

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GOALS AND OBJECTIVES FOR NEXT EVALUATION PERIOD

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ADDITIONAL COMMENTS

MEMBER SIGNATURE

Name:

Date:

DIRECTOR OR DESIGNEE SIGNATURE

Name:

Date: