



Student Employee Evaluation Form

Date: _____

Student Employee Name: _____ Academic Year _____

Student I.D.# _____ Job Title: _____ Dept _____

FOAPAL # _____ Supervisor Name: _____

The purpose of this evaluation form is for the student employee and the supervisor to assess the student's work performance. Both the student employee and the supervisor are to provide information that will be used to improve both the student's performance and the effectiveness of the Student Employment Program. Together, both the student employee and the supervisor are also asked to make comments and to set goals for the future.

Definitions for performance rating:

- | | | |
|---|-----------------------|--|
| A | Outstanding Performer | Quantity and/or quality of work consistently exceeds standards |
| B | Competent Performer | Quantity and/or quality of work meet job standards |
| C | Development Performer | Quantity and/or quality of work does not meet standards |
| D | Marginal Performer | Quantity and/or quality of work are unsatisfactory |

Directions:

- The student employee and supervisor must rate each function by indicating the performance rating under the appropriate column.
- Include comments or evidence for each function either on a separate sheet of paper or on the back of this one.

	Employee	Employer
Ability to learn		
1. Able to learn duties in a reasonable period of time	A B C D	A B C D
2. Makes effort to learn quickly	A B C D	A B C D

Interaction with others

1. Attitude is diligent and enthusiastic	A B C D	A B C D
2. Maintains good working relationships with co-workers	A B C D	A B C D

Quantity and quality of work

1. Acceptable output	A B C D	A B C D
2. Maintains high quality of work	A B C D	A B C D
3. Is able to make independent decisions	A B C D	A B C D
4. Maintains confidentiality of information and records	A B C D	A B C D

Dependability

1. Is reliable and dependable	A B C D	A B C D
2. Notifies supervisor if unable to work	A B C D	A B C D

Attendance and punctuality

1. Regular and in accordance with schedule	A B C D	A B C D
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Overall Rating

Student Employee comments: _____

Supervisor comments: _____

Student Employee and Supervisor's goals for the future: _____

I have participated in this evaluation and **agree** or **disagree** with its contents. (circle one)

Student Name (print)

Student I.D.

Student Employee Signature

Date

Supervisor

Date

Student Employment Supervisor:

To re-hire this student in the following academic year, a student contract needs to be set up. Please complete a SNC Student Labor Form and forward it to the Financial Aid Office, JMS Room 221 or fax to 403-3062.