

## STUDENT EMPLOYEE PERFORMANCE EVALUATION FORM

This evaluation form is intended as a tool to assist student and supervisors alike communicate any road blocks to the students performance and continued employment in this department.

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SEMESTER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

Rating Definitions:

I.	Excellent – Surpasses performance standards/expectations; superior; outstanding.
II.	Good – Above Average.
III.	Satisfactory – Meets the requirements/standards of the job.
IV.	Fair – Marginally acceptable performance; performance weakness needs to be corrected; below average.
V.	Poor – Unacceptable performance; immediate improvement needed.
NA.	Not Applicable.

1. JOB KNOWLEDGE: I II III IV V NA

Knows office procedures. Is knowledgeable about general campus information. Is able to pursue accurate information (asks questions).

Comments: \_\_\_\_\_

2. QUALITY OF WORK: I II III IV V NA

Consider thoroughness, accuracy and orderliness of completed work.

Comments: \_\_\_\_\_

3. QUANTITY OF WORK: I II III IV V NA

Consider the amount of work completed and volume of output in relation to the nature and conditions of work performed.

Comments: \_\_\_\_\_

4. DEPENDABILITY: I II III IV V NA

Consider follow-through and reliability. Is work completed on time and are deadlines met? Attendance and punctuality.

Comments: \_\_\_\_\_

5. COOPERATION: I II III IV V NA

Willing to accept all job assignments. Works harmoniously and effectively with fellow workers, supervisors, staff, students and others. Accepts direction and constructive criticism. Is friendly and helpful to each customer they come in contact with.

Comments: \_\_\_\_\_

6. PHONE MANNER: I II III IV V NA

Handles phone calls in a very courteous and tactful manner. Uses professional phone manners. Phone messages are complete, accurate and legible.

Comments: \_\_\_\_\_

7. OFFICE ETIQUETTE: I II III IV V NA

Limits number of personal visits from friends in the office. Knows how to tactfully tell a friend that has stopped by the office that they cannot talk and then returns to their work. Keeps personal conversations with others to a minimum. Dresses appropriately.

Comments: \_\_\_\_\_

## STUDENT EMPLOYEE EVALUATION

It is recommended that student employees be evaluated: 1) After four weeks of employment as a training tool and/or 2) At the end of each semester of employment.

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Student name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Punctuality:	Excellent_____	Good_____	Fair_____	Poor_____
Attendance:	Excellent_____	Good_____	Fair_____	Poor_____
Dependability:	Excellent_____	Good_____	Fair_____	Poor_____
Cooperation:	Excellent_____	Good_____	Fair_____	Poor_____
Job Attitude:	Excellent_____	Good_____	Fair_____	Poor_____
Initiative:	Excellent_____	Good_____	Fair_____	Poor_____
Maturity:	Excellent_____	Good_____	Fair_____	Poor_____
Job Knowledge:	Excellent_____	Good_____	Fair_____	Poor_____
Accuracy:	Excellent_____	Good_____	Fair_____	Poor_____
Timeliness:	Excellent_____	Good_____	Fair_____	Poor_____

Overall Evaluation: Excellent\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

Comments on related factors of job performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

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