

Student Employee Evaluation Form

Student Name: _____

Date: _____

Supervisor: _____

Department: _____

Evaluation Period: _____

Current GPA: _____

Competencies (Please provide comments in box if necessary)	3- Needs Improvement	2- Meets Expectations	1 -Exceeds Expectations
<u>QUALITY OF WORK:</u>			
<u>RELIABILITY:</u>			
<u>KNOWLEDGE AND SKILLS:</u>			
<u>PROFESSIONALISM:</u>			
<u>ATTITUDE & INITIATIVE:</u>			
<u>LEADERSHIP & TEAMWORK:</u>			
<u>COMMUNICATION:</u>			
<u>ATTENDANCE/PUNCTUALITY:</u>			

General Comments (includes areas of strength and areas needing improvement):

Goals and expectations for next semester:

Supervisor Signature _____

Date _____

Student Employee Signature _____

Date _____

*** A student worker may attach a written statement to their signed evaluation to explain any deficiencies or elaborate on a rating, comment, goal, or expectations in their evaluation that they do not agree with.*

Please circle one of the following options:

Returning next semester Not returning next semester Graduating