

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