

STUDENT EMPLOYEE EVALUATION

Student employees must be evaluated: 1) After four weeks of employment as a training tool and/or 2) At each term of employment and/or 3) upon termination, resignation or expiration of federal work study award period. The original should be given to the student. It is recommended that the supervisor maintain a copy for reference.

Copy of the completed evaluation form must be submitted to the Career & Workforce Development Center by the Supervisor

Student Name:		ID#:	
Employment Dates:	to	Department:	
Quality of Work: (Level of tho	roughness/errors)		
☐ Very thorough	☐ Good work	☐ Work passes review	☐ Careless manner
Quantity of Work: (Level of pr	oductivity)		
☐ Very High	\square More than expected	☐ Expected amount	☐ Very Low
Ability to Learn on the Job: (A	measurement of the length of t	ime it takes to learn tasks)	
☐ Exceptionally quick	☐ Quick	☐ Average	☐ Slow
Initiative:			
☐ Self-starter	☐ Acts voluntarily in most matters	☐ Relies on others	☐ Waits to be told what to do
Judgment:	—		— -
☐ Exceptionally good	☐ Usually makes good decisions	☐ Often undependable	☐ Poor
Relations With Others:	good decisions	инисрениаме	
☐ Always work in	☐ Congenial	☐ Harmonious under	☐ Frequent
harmony with others	and helpful	normal circumstances	quarrels
<u>Attendance</u>	<u>Punctuality</u>	Attire & Grooming	
☐ Regular ☐ Irregular	□ Regular □ Irregular	☐ Appropriate ☐ Inappropri	riate
Dependability:			
☐ Can always be depended on.	☐ Can usually be depended on.	☐ Somewhat reliable needs checking.	☐ Unreliable
·	depended on.	needs checking.	
Acceptance of Feedback: ☐ Appreciative or willing	☐ Resentful or reluctant		
	in Nesential of Telactant		
Oral Communication Skills: ☐ Excellent	□ Good	☐ Needs improvement	
		in Needs improvement	
Written Communication Skills ☐ Excellent	<u>:</u> □ Good	☐ Needs improvement	
		·	
Supervisor comments.			
Supervisor's signature:		Date:	
Employee Comments:			
· · ———			
Employee Signature:		Date	<u>.</u> .