

Student Employee Evaluation

Student Name _____ Department _____

Job Title _____ Supervisor/Reviewer _____

	Below Average	Average	Above Average	Outstanding	Does Not Apply
DEPENDABILITY					
ATTITUDE					
INITIATIVE					
EFFICIENCY					
LEADERSHIP					
COMPATIBILITY					
FLEXIBILITY					
PUNCTUALITY					
ATTENDANCE					
PROFESSIONALISM					
WORK QUALITY					

Please express additional comments you may have regarding your employee=s abilities and personality or suggestions for his/her growth and development. A separate page may be attached.

Would you hire this person again? Yes or No With Reservations
If No, why?

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____
(Required if currently working)

*Please complete this form for each student employee at a minimum of once an academic year and/or at the end of employment.

*Please provide the student with a copy.