

Student Performance Evaluation

Name of Student Assistant _____ Employee ID Number _____

Department or Work Location _____ Dates of Evaluation Period From _____ To _____

Student's Job Title _____ Classification Level _____ Wage Rate _____

Brief Description of Duties _____

INSTRUCTIONS: Please evaluate for each criterion listed below. Circle the appropriate number to correspond with the following rating system:

1. Unacceptable* 2. Average Improvement Needed* 3. Satisfactory 4. Above 5. Outstanding

* Any rating of 1 or 2 must be explained

WORK HABITS (Organization of work; care of equipment; safety; punctuality; attendance) 1 2 3 4 5

ATTITUDE (Enthusiasm for work; conforms to job requirements; accept suggestions for work improvement) 1 2 3 4 5

QUALITY OF WORK (Accuracy; precision; completeness; neatness) 1 2 3 4 5

RELATIONSHIPS WITH PEOPLE (getting along with others; dealing with the public) 1 2 3 4 5

INITIATIVE (Self-reliance; resourcefulness; willingness to accept and carry out responsibilities) 1 2 3 4 5

DEPENDABILITY (Can be relied upon to do the job; meets deadlines without close supervision) 1 2 3 4 5

ADDITIONAL COMMENTS: (use other side if necessary)

RECOMMENDATION FOR Merit Wage Increase? If yes, check box

ENTER NEW SALARY \$ _____

Supervisor's Signature _____

Date _____

Department Head Signature _____

Date _____

Dean/AVP Signature _____

Date _____

This report has been explained to me and I understand the contents. I also understand that my signature does not necessarily indicate my agreement with the above report.

By checking here _____, I authorize release of this information to future employers for reference purposes.

Student's Signature _____ Date _____