

## STUDENT EMPLOYEE PERFORMANCE EVALUATION

Student's Name: \_\_\_\_\_

Employer/Department: \_\_\_\_\_

Review Period: \_\_\_\_\_ to \_\_\_\_\_

**Instructions:** Check the box that corresponds to each statement. Review the evaluation with the student and obtain student's signature. Retain a copy for the student's file with the employer/department and submit a copy to the Financial Aid Office.

		Unsatisfactory	Needs Improvement	Satisfactory	Above Average	Outstanding
<b>QUALITY OF WORK</b>	Accurate and thorough in job duties.	<input type="checkbox"/>				
<b>JOB KNOWLEDGE</b>	Understands procedures required in job.	<input type="checkbox"/>				
<b>USE OF TIME</b>	Effective and efficient use of time to accomplish work tasks.	<input type="checkbox"/>				
<b>JOB JUDGMENT</b>	Exercises sound judgment.	<input type="checkbox"/>				
<b>ADAPTABILITY</b>	Ability to alter work tasks, activities, plans, etc., to accommodate change.	<input type="checkbox"/>				
<b>INITIATIVE</b>	Ability to initiate work with minimal supervision.	<input type="checkbox"/>				
<b>INTERPERSONAL RELATIONSHIPS</b>	Effectively works with co-workers, supervisors, and the public.	<input type="checkbox"/>				
<b>DEPENDABILITY</b>	Reliable in completing tasks and keeping supervisor advised of progress.	<input type="checkbox"/>				
<b>ATTENDANCE</b>	Reports to work regularly and keeps supervisor advised of schedule changes.	<input type="checkbox"/>				
<b>PUNCTUALITY</b>	Conforms to work schedule; arrives at work promptly and ready to work.	<input type="checkbox"/>				

**COMMENTS:**

**AREAS NEEDING IMPROVEMENT:**

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_