



EVALUATION

Date: _____

Department: _____

Supervisor: _____

Please Describe Student Workers Performance: _____

PLEASE CHECK ONE

___ Satisfied ___ Needs Improvement ___ Improved - **Attendance**

Comments: _____

___ Satisfied ___ Needs Improvement ___ Improved - **Customer Service**

Comments: _____

___ Satisfied ___ Needs Improvement ___ Improved - **Professionalism**

Comments: _____

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___ Satisfied ___ Needs Improvement ___ Improved - **Communication Skills**

Comments: _____

___ Satisfied ___ Needs Improvement ___ Improved - **Following Directions from Supervisor**

Comments: _____

___ Satisfied ___ Needs Improvement ___ Improved - **Consistent with completing job tasks**

Comments: _____

___ Satisfied ___ Needs Improvement ___ Improved - **Time Management**

Comments: _____

Date of the next evaluation: _____

****The next evaluation will determine continuation of student employment within Department ****

Additional
Comments: _____

Signing this form means you have read and understand what is expected before your next evaluation.

Date _____

Date _____

Employee

Supervisor