



**Student Work Opportunity Program (SWOP)
Fall 2003 Student Employee Evaluation Form**

Student Name: _____ Student ID#: _____

SWOP Job Title: _____ Staff Supervisor: _____

Start Date: _____ End Date: _____ Budget Code: _____

Attendance and Punctuality: Does the employee arrive on time for scheduled work hours? Does the employee provide appropriate notice for tardiness or absences?

SATISFACTORY UNSATISFACTORY Comments:

Appearance: Does the employee dress and groom appropriately for this position?

SATISFACTORY UNSATISFACTORY Comments:

Productivity: Does the employee complete job assignments in an accurate and timely manner?

SATISFACTORY UNSATISFACTORY Comments:

Interpersonal Relations: Does the employee show respect to fellow students, staff, faculty and University guests? Is the employee courteous?

SATISFACTORY UNSATISFACTORY Comments:

Professionalism: Does the employee treat confidential information appropriately? Does the employee communicate a positive image of the department and of the University?

SATISFACTORY UNSATISFACTORY Comments:

Self-Improvement: Is the employee open to suggestions and input?

SATISFACTORY UNSATISFACTORY Comments:

Supervisory Skills: Does the employee effectively manage, motivate and lead the students that he/she supervises?

SATISFACTORY UNSATISFACTORY NOT APPLICABLE

Comments:

OVERALL: How does the employee perform overall?

SATISFACTORY UNSATISFACTORY Comments:

END DATE: Did the employee work through the scheduled end date? YES NO

I have completed this evaluation and forwarded a copy to the student employee.

Signature of Supervisor Date

The student employee may request an evaluation meeting with his/her supervisor to discuss this Evaluation.

Evaluation Meeting Employee Comments:

Student Employee Signature Date

Evaluation Meeting Supervisor Comments:

Supervisor Signature Date