

Jacksonville University
Financial Aid Office

Student Employee Evaluation Form

Name _____ Student ID # _____

Job Title _____

Job Description: _____

Date: _____

Department/Agency: _____

Length of time employee has worked in this position: _____

JOB PERFORMANCE RATING

Circle an appropriate rating number for the employee	Un-satisfactory	Below Standard	Standard	Above Standard	Out-standing	N/A
Knowledge of Work	1	2	3	4	5	N/A
Reliability	1	2	3	4	5	N/A
Quality of Work	1	2	3	4	5	N/A
Initiative	1	2	3	4	5	N/A
Works Well With Others	1	2	3	4	5	N/A
Judgment	1	2	3	4	5	N/A
Organization of Work	1	2	3	4	5	N/A
Cooperation	1	2	3	4	5	N/A
Flexibility	1	2	3	4	5	N/A
Punctuality and Attendance	1	2	3	4	5	N/A
Student/Customer Service	1	2	3	4	5	N/A
Overall Rating	1	2	3	4	5	N/A

Comments to support numerical ratings:

General Comments:

Would you recommend this employee to another employer? Yes _____ No _____

Signatures:

Department Head _____ Date _____

Supervisor _____ Date _____

Student Employee _____ Date _____

Note: The signature of the Student Employee does not signify that the Student Employee agrees with the evaluation, only that it has been discussed with the Student Employee.