

STUDENT EMPLOYEE EVALUATION

Student: _____
Job Title: _____
Supervisor: _____
Other Supervisor: _____
Contact Person: _____
Employment Began: _____ Ended: _____
Orientation Date: _____
Time card reviewed and submitted to Payroll & Benefits: Yes No
Last day student worked: _____
Reason for discontinuation of position: _____

Refer to the original Job Description for evaluation criteria

Position is most closely matched to the goals of which Casper College program(s) of study: _____

Performance on essential job duties:

Excellent Very Good Satisfactory Unsatisfactory

Performance on other job duties:

Excellent Very Good Satisfactory Unsatisfactory

Was the successful completion criteria achieved: Yes No

Was the level(s) of individual development expected attained: Yes No

Was there an opportunity to address educational goal: Yes No

For ratings below "Satisfactory" or a "No" response, did the supervisor document action showing a cycle of evaluation designed to improve student employee performance criteria.

Yes No

Comments:

**Please return this form to Student Success Center, GW 350A,
or e-mail it to jdevries@caspercollege.edu**