

STUDENT EMPLOYMENT EVALUATION FORM

Employee _____ Evaluation Period _____

Job Title _____ Supervisor _____

NB- No Basis: Appraiser has no basis by which to judge the employee.

UP – Unsatisfactory Performance: Employee displays significant difficulties in achieving performance requirements. Does not meet the minimum requirements of the job.

BTP – Below Target Performance: Sometimes meets performance requirements; additional progress is required.

OTP – On Target Performance: Employee effectively meets performance requirements.

ATP – Above Target Performance: Employee consistently exhibits excellent performance and achieves job requirements.

EP – Exceptional Performance: Employee constantly exhibits excellent performance and exceeds performance factor.

PERFORMANCE FACTORS	NB	UP	BTP	OTP	ATP	EP	COMMENTS
1. Quality of work: Is completed work accurate, neat and effective? Are procedures followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Quantity of work: Are tasks accomplished efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cooperation/Attitude: Does the employee accept supervision, get along with co-workers and follow policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Initiative: Does the employee see what needs to be done and take action independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Meeting work commitments: Is the employee punctual and reliable? Are work assignments completed on schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Knowledge of work: How familiar is the employee with procedures, equipment, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Customer Service: How does the employee interact with and serve the customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

In what areas are you most pleased with this employee's performance?

In what areas could the employee improve? Be specific.

Employee Comments:

Agree with evaluation

Do not agree

Signature of student employee

Date

Signature of supervisor

Date

Signature of asst director

Date

* white copy to file – yellow copy to employee

An equal opportunity employer