

# SANTA ANA COLLEGE

## Student Volunteer Performance Evaluation

**Confidential:** This form needs to be completed and signed by the supervisor and student volunteer, then returned it to your instructor and the SLC.

Agency name: \_\_\_\_\_

Student Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Student ID # \_\_\_\_\_

Briefly describe the duties or type of work performed by the student volunteer: \_\_\_\_\_

Please evaluate the progress your student volunteer has made base on criteria shown below:  
(A = Excellent; B = above average; C = Average; D= Needs Improvement; E = Not Relevant to Job)

### PLEASE CIRCLE ONE

#### QUALITY AND QUANTITY OF WORK

▪ Demonstrates knowledge of job	A	B	C	D	E
▪ Amount of work accomplished	A	B	C	D	E
▪ Performs work with accuracy	A	B	C	D	E
▪ Work is neat and presentable	A	B	C	D	E
▪ Work is thorough	A	B	C	D	E
▪ Organizes work appropriately	A	B	C	D	E

#### WORK ATTITUDES

▪ Courteous and interested	A	B	C	D	E
▪ Willing to work at difficult or disagreeable tasks	A	B	C	D	E
▪ Accepts new ideas and procedures	A	B	C	D	E
▪ Accepts constructive criticism and suggestions	A	B	C	D	E
▪ Accepts responsibilities	A	B	C	D	E
▪ Exercises good judgment	A	B	C	D	E

#### WORK HABITS

▪ Is regular in attendance at work	A	B	C	D	E
▪ Observes established working hours	A	B	C	D	E
▪ Completes work on time	A	B	C	D	E
▪ Uses common sense in performance of duties	A	B	C	D	E
▪ Complies with agency's policies, rules, regulations	A	B	C	D	E
▪ Performs assigned tasks without prompting and.... performs unassigned useful work	A	B	C	D	E
▪ Is dependable, trustworthy, punctual, reliable	A	B	C	D	E

**SKILLS AND ABILITIES**

- |  |   |   |   |   |
|--|---|---|---|---|
| ▪ Has knowledge and ability essential for work | A | B | C | D |
|--|---|---|---|---|

**RELATIONSHIP WITH OTHERS**

- |  |   |   |   |   |
|--|---|---|---|---|
| ▪ Works with co-workers                                  | A | B | C | D |
| ▪ Works well with the public                             | A | B | C | D |
| ▪ Cooperates with supervisor(s) and other staff          | A | B | C | D |
| ▪ Is deeply conscious of responsibility to working group | A | B | C | D |

**COMMENTS OF DEPARTMENTAL SUPERVISOR WHO PERFORMED THIS EVALUATION**

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Name of Supervisor	Signature of Supervisor	Date

**COMMENTS OF STUDENT VOLUNTEER**

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Signature of Student Volunteer	Date