**ALLEGHENY COLLEGE**

**Student Employee Evaluation**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The purpose of the Student Employment Evaluation is to facilitate communication between the student employee and the supervisor. It is designed to provide constructive feedback to the student employee on work performance, thus maximizing the employment experience for both the student and the department.*

Please use the following scale to evaluate this student employee's level of performance:

**4= Exceptional 3= Commendable 2= Above Average**

**1= Adequate 0= Unsatisfactory N/A= Not Applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rating** |  | **Rating** |  |
|  | **Dependability:** punctuality, notification of absences, flexibility |  | **Communication skills:** with co-workers, supervisors, and campus constituencies |
|  | **Attitude:** enthusiasm, willingness to work |  | **Cooperation:** ability to work with supervisors and co-workers, teamwork |
|  | **Quality of work:** ability to do satisfactory work following specified procedures |  | **Initiative:**  interest in assuming additional responsibility |
|  | **Job Knowledge:** Understanding of job duties and information needed to perform day-to-day tasks |  | **Judgment:** ability to make sound decisions on the job |

Please list and evaluate skills specific to this position:

|  |  |
| --- | --- |
| **Rating** | **Trait or Skill** |
|  |  |
|  |  |
|  |  |
|  |  |

**OVERALL RATING OF PERFORMANCE:**

\_\_\_\_\_\_\_ Performs at an outstanding level.

 \_\_\_\_\_\_\_ Performs above average expected level.

 \_\_\_\_\_\_\_ Performance is satisfactory.

 \_\_\_\_\_\_\_ Performance is unsatisfactory.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR COMMENTS:**

What are the student employee's strengths?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Suggested Areas for Improvement:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR RECOMMENDATION:**

 \_\_\_\_\_ Remain in current position

 \_\_\_\_\_ Promote to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position Title Hourly Rate Beginning Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SUPERVISOR'S SIGNATURE/DATE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*STUDENT'S SIGNATURE/DATE

\*Indicates student has read and discussed the evaluation, but does not indicate that he or she is in agreement. A separate response by the student may be filed with the Financial Aid Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITH THE PERMISSION OF THE STUDENT, AS INDICATED BY SIGNING BELOW, THE FINANCIAL AID OFFICE WILL FORWARD THIS FORM TO THE DEAN OF STUDENTS OFFICE.

I give permission for a copy of this form to be sent to the Dean of Student's Office.

Student's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_