Student Evaluation Form

Name: _____ Date: _____

Address:_____

Phone Number: _____ SSN: _____

Duties:_____
_____
_____
_____

Employment Dates: From _____ To _____

Beginning Salary: _____ Present Salary: _____

Comments on related factors of job performance:_____
_____
_____
_____

Punctuality:	Excellent ____ Good ____ Fair ____ Poor _____
Attendance:	Excellent ____ Good ____ Fair ____ Poor _____
Dependability:	Excellent ____ Good ____ Fair ____ Poor _____
Cooperation:	Excellent ____ Good ____ Fair ____ Poor _____
Job Attitude:	Excellent ____ Good ____ Fair ____ Poor _____
Initiative:	Excellent ____ Good ____ Fair ____ Poor _____
Maturity:	Excellent ____ Good ____ Fair ____ Poor _____
Job Knowledge:	Excellent ____ Good ____ Fair ____ Poor _____
Accuracy:	Excellent ____ Good ____ Fair ____ Poor _____
Timeliness:	Excellent ____ Good ____ Fair ____ Poor _____

Supervisor's Signature _____ Date: _____

Employee Comments:_____
_____
_____
_____

Student Employee Signature: _____ Date: _____

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