**STUDENT EVALUATION FORM**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students: Please give a brief description of the duties you perform in this department.

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

Supervisor Completes:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Does Not Meet Expectations** | **Meets Expectations** | **Exceeds Expectations** |
| **Productivity:** Completes assignments in timely manner, performs high quality work (accurate/thorough), manages time effectively. |  |  |  |
| **Punctuality:** Responsible, dependable, punctual, good attendance, notifies supervisor if late or unable to work. |  |  |  |
| **Attitude Towards Work:** Enthusiastic, interested, diligent, courteous, willing to do less desirable tasks. |  |  |  |
| **Communication Skills:** Expresses thoughts clearly, professional interactions with co-workers & public. |  |  |  |
| **Initiative:** Seeks work if not assigned, able to work independently. |  |  |  |
| **Creativity:** Innovative, accomplishes tasks creatively, offers suggestions for new or better methods of operation. |  |  |  |
| **Relationship with Others:** Tactful, diplomatic, maintains good working relationship with co-workers, supervisors, faculty, and staff. |  |  |  |
| **Overall Contribution:** Contributes to improving the office/department. |  |  |  |

Supervisor Comments:

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

Student Comments:

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Supervisor Signature/Date Student Signature/Date