Student Employee Evaluation

Employee Name:	Date:				
A=Outstanding	B =Exceeds expectations	C=Meets expectations	D =Does not meet expectations		
Job Skills		Comme	nts		
Telephone Etiquette					
Computer Competence	ce				
Verbal/Written Comr	nunication				
Courtesy					
Office Demeanor					
Information handling (Confidentiality)	;				
A=Outstanding B=Exceeds expectations C=Meets expectations D=Does not meet expectations Professional Demeanor Image: Comparison of the sector of					
Quality of Work-P	roduces quality work. Com	pletes assignments in a timel	y manner		
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Productivity-Produ	ces in quantity, the work ex	pected from the position.			
Attendance/Depen	dahility-Faithful in reporti	ng to work when scheduled.			
		ing to work when scheduled.			
Initiative-Little dire	ction needed, efficient; reco	gnizes the best way to accon	nplish assingments.		
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Punctuality-Consist	tently arrives on time, meets	s agreed upon deadlines, and	appointments.		
Style of Dress-Dres	ses appropriately, meeting of	lepartmental/office standards	s for the position.		
Responsibility-Acc	epts responsibility for action	ns taken, as well as the job it	self.		
Positive Image -Serves as a positive representative of the department (demonstrates a service orientation, warm demeanor, enthusiasm, commitment to diversity).					
		(1511y).			

Additional Comments

Employee Name:

A=Outstanding	B =Exceeds expectations		C=Meets expectations	D =Does not meet expectations	
Communication-Communicates effectively and appropriately.					
Staff/Co-workers					
Clients					
Supervisor					
Follow Through -Keeps you informed: when a task is finished, when a task will need to be finished by another employee, when they will come back to finish the task.					
Staff/Co-wrokers					
Clients					
Supervisor					
Cooperation -Willing to compromise and resolve disagreements (capable of hearing, processing, and evaluating others' point of view).					
Staff/Co-workers					
Clients					
Supervisor					

Additional Comments

I have reviewed this employee's job performance in good faith, using the best information available to me.

Evaluator Signature _____ Position Title _____

Is any action being taken to help this employee improve his/her performance? YES NO Please specify:

Employee Name: _____

Employee's Comments

I acknowledge that I have reviewed this performance review. My signature indicates that I have been advised of my performance status and does not necessarily imply that I agree with this evaluation.

Employee Signature

Date _____