



Student Employee Performance Review

| EMPLOYEE INFORMATION |            |
|----------------------|------------|
| Name                 | Date       |
| Job                  | Supervisor |
| Agency               |            |
| Review               | to         |

| RATINGS   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | 1 = Poor                 | 2 = Fair                 | 3 = Satisfactory         | 4 = Good                 | 5 = Excellent            |
| Job Knowledge   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i>   |                          |                          |                          |                          |                          |
| Work Quality  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i>   |                          |                          |                          |                          |                          |
| Attendance/Punctuality  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i>   |                          |                          |                          |                          |                          |
| Initiative  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i>   |                          |                          |                          |                          |                          |
| Communication/Listening Skills                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i>   |                          |                          |                          |                          |                          |
| Dependability   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Comments</i>   |                          |                          |                          |                          |                          |
| <b>Overall Rating</b> <i>(average the rating numbers above)</i> |                          |                          |                          |                          |                          |

| Evaluation   |
|--|
| Additional Comments                                      |
| Goals<br><i>(as agreed upon by employee and manager)</i> |

| EMPLOYEE INFORMATION  |      |
|---|------|
| <i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i> |      |
| Employee Signature  | Date |
| Supervisor Signature  | Date |