



Student Affairs  
 Career Planning & Placement Center/ Financial Aid  
 LH-208 x 2032 / UH-146 x 3125

## Student Employment Program Performance Evaluation

**Student Assistant / Alternate Student Assistant**

**Federal Work-Study**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ CWID \_\_\_\_\_

Position Classification Student Consultant Original Hire Date \_\_\_\_\_ Evaluation Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dept \_\_\_\_\_ Ext. 4385 Room# \_\_\_\_\_

Ratings:	Unsatisfactory 0-2	Average 3-4	Above Average 5-6	Outstanding 7-8
----------	-----------------------	----------------	----------------------	--------------------

WORK HABITS	Attendance _____	Punctuality _____	Neatness _____
-------------	------------------	-------------------	----------------

INTERPERSONAL SKILLS	With co-workers _____	With supervisor _____	With the public _____
----------------------	-----------------------	-----------------------	-----------------------

UNDERSTANDING DUTIES	Ability to learn quickly _____	Understanding job responsibilities _____
----------------------	--------------------------------	--

PRODUCTIVITY	Quantity of work completed _____
--------------	----------------------------------

ATTITUDE	Cooperative, flexible _____	Conscientious _____	Follows directions _____	Accepts correction, if needed _____	Responsible, identifies work needs _____
----------	-----------------------------	---------------------	--------------------------	-------------------------------------	--

OVERALL RATING COMMENTS:


[ ] I recommend a merit salary increase. [ ] I do not recommend a salary increase.  
 [ ] I recommend adding a three month extension to the original probation (only for initial hires).  
 Student employee will be reevaluated on: \_\_\_\_\_

Supervisor's Signature _____	Date _____	Authorized Department Signature _____	Date _____
------------------------------	------------	---------------------------------------	------------

I certify that this performance appraisal has been discussed with me. My signature does not necessarily indicate that I agree with this evaluation.  
 Student Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please keep a copy of the Evaluation in your department and give a copy to the student employee. If you are recommending a salary increase, complete the Salary Increase Request form and send the form to CP&PC or Financial Aid for processing.