



Student Employee Evaluation

Today's Date: _____

Student/Employee Name: _____ Date of Hire: _____

Student Position Title: _____

Direct Supervisor Name: _____

Direct Supervisor Title: _____

	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
<u>Professional Demeanor</u>					
Reports to work when scheduled	5	4	3	2	1
Arrives to work on time	5	4	3	2	1
Arranges /communicates time off in advance	5	4	3	2	1
Is appropriately dressed	5	4	3	2	1
<u>Knowledge of Job</u>					
Grasps instructions quickly	5	4	3	2	1
Desires to increase knowledge of job	5	4	3	2	1
Is willing to ask questions	5	4	3	2	1

Quality of Work

Produces work that is accurate and neat	5	4	3	2	1
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Uses time efficiently	5	4	3	2	1
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Is able to set priorities	5	4	3	2	1
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Behavior

Shows initiative	5	4	3	2	1
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Is enthusiastic about work	5	4	3	2	1
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Is willing to work with, and for, others	5	4	3	2	1
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Accepts suggestions/criticisms	5	4	3	2	1
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Asks for additional work when tasks are complete	5	4	3	2	1
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Judgment, Reliability,**Adaptability**

Is able to think independently	5	4	3	2	1
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Makes good decisions	5	4	3	2	1
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Is able to work under pressure	5	4	3	2	1
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Meets deadlines	5	4	3	2	1
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Is adaptable in the work place	5	4	3	2	1
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Human Relations

Cooperates with supervisors and co-workers	5	4	3	2	1
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Is courteous and friendly	5	4	3	2	1
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Controls emotions	5	4	3	2	1
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Speaks well and uses good word choice	5	4	3	2	1
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Problem Solving

Able to recognize problems when they arise	5	4	3	2	1
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Uses available resources to solve problems	5	4	3	2	1
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Seeks supervisory help when appropriate	5	4	3	2	1
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Overall Rating of Student Performance

	5	4	3	2	1
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Additions Questions:

How well did the student/employee fulfill the objectives of the Work/Learning Agreement?

Did the student have adequate technical skills? Please comment.

**If applicable, would you accept this student for another work-based learning experience?
Yes / No. Why / Why not:**

Is there any additional coursework you would recommend for the student that would be beneficial?

Students Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____