OWENS COMMUNITY COLLEGE

STUDENT EMPLOYEE EVALUATION

Student Employee: _______________________________________________________

Current Semester: ____________________________ Evaluation Date: ____________

Department: ____________________________________________________________

Supervisor: _____________________________________________________________

Please consider the student employee’s demonstrated performance and mark the line that most closely describes that performance.

1. **Attendance**: The reliance that can be placed on an employee to be at their work station at the scheduled time, ready to work.
   
   _____ Exceptional  _____ Very Good  _____ Competent  _____ Acceptable  _____ Unacceptable

2. **Work Quality**: The reliability, accuracy, and neatness of work produced.
   
   _____ Exceptional  _____ Very Good  _____ Competent  _____ Acceptable  _____ Unacceptable

3. **Work Quantity**: The amount or volume of work completed.
   
   _____ Exceptional  _____ Very Good  _____ Competent  _____ Acceptable  _____ Unacceptable

4. **Judgement**: The ability to make well-reasoned, sound decisions that affect work performance.
   
   _____ Exceptional  _____ Very Good  _____ Competent  _____ Acceptable  _____ Unacceptable

5. **Initiative**: The combination of job interest, dedication, and willingness to extend oneself to complete assigned tasks.
   
   _____ Exceptional  _____ Very Good  _____ Competent  _____ Acceptable  _____ Unacceptable

6. **Teamwork**: The working relationship established with fellow employees in the working environment.
   
   _____ Exceptional  _____ Very Good  _____ Competent  _____ Acceptable  _____ Unacceptable

7. **Dependability**: The reliance that can be placed on an employee to persevere and carry through to completion any task assigned.
   
   _____ Exceptional  _____ Very Good  _____ Competent  _____ Acceptable  _____ Unacceptable
Performance Summary and Additional Comments: ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

RECOMMENDATION

Yes    No
Would you recommend for rehire? ____________

Would you like this employee to return to your area? ____________

Is background/experience appropriate for consideration as a full-time employee? ____________

Suggested areas for future consideration: ______________________________________________
________________________________________________________________________________
________________________________________________________________________________

Student Employee Comments: (Each employee evaluated is encouraged to add comments for review)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Supervisor Signature                  Date
I am signing this evaluation to indicate that my supervisor and I have reviewed this evaluation in its entirety.

Student Employee Signature                 Date

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11/14/02