

Student Assistant Employee Evaluation

Student's Name: _____

Coyote ID: _____

Department/Agency: _____

Supervisor: _____

Evaluation Period: From ___/___/___ To ___/___/___

5 = Outstanding 4 = Exceeds Expectations 3 = Meets Expectations	2 = Needs Improvement 1 = Fails to Meet Expectations	5	4	3	2	1
Quality of Work: Neatness, thoroughness and accuracy of work.						
Knowledge: A clear understanding of the factors connected to the job.						
Attitude: Exhibits enthusiasm and cooperativeness on the job.						
Dependability: Conscientious, thorough, reliable, accurate, with respect to attendance, etc.						
Interpersonal Skills: Willingness and ability to work with others to produce desired goals.						
Communication: Demonstrates effective verbal and written communication skills.						
Comments:						

The supervisor and student employee must both sign below:

Student Signature: _____ **Date:** _____

I certify that this evaluation has been discussed with me. My signature does not necessarily indicate that I agree with the evaluation.

Supervisor Signature: _____ **Date:** _____

This evaluation represents my assessment of the Student Assistant's performance based upon my observation and review of the student's work.