

**Student Employee Performance Evaluation**

Student Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date Began Employment in Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1. Area(s) of strength in job performance:** |
| **2. Area(s) where job performance can be improved:** |
| **3. Strategies/goals for improving performance & professional skills:** |
| **4. Other comments:** |

**By signing this form, you confirm that you have discussed this review with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.**

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Student Employee Signature Supervisor Signature

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Date Date

Copy: Department employee file; Student 12/07/20106