

**Student Employee Performance Evaluation**

**Student Employee:** Click here to enter text.

**Department:** Click here to enter text.

**Job Title:** Click here to enter text.

**Time Period:** Click here to enter text.  
  
**Date Began Employment in Department:** Click here to enter a date.

**1. Area(s) of strength in job performance:** Click here to enter text.

**2. Area(s) where job performance can be improved:** Click here to enter text.

**3. Strategies/goals for improving performance & professional skills:** Click here to enter text.

**4. Other comments:** Click here to enter text.

**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

12/07/2016