

DATE:

Student Employment Performance Evaluation

Please provide the student with feedback regarding their performance and any areas for improvement. This is beneficial to the career and personal development of students. This form is intended for internal use only and it is not necessary to share with Career Services Student Employment.

Student Name:

Supervisor Name:

Department:

I. Please circle the response that corresponds with your evaluation of the student.

1. Verbal communication

Does Not Apply 0	Unacceptable 1	Needs Improvement 2	Average 3	Very Good 4	Exceptional 5
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2. Written communication

Does Not Apply 0	Unacceptable 1	Needs Improvement 2	Average 3	Very Good 4	Exceptional 5
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3. Ability to solve problems and apply critical thinking

Does Not Apply 0	Unacceptable 1	Needs Improvement 2	Average 3	Very Good 4	Exceptional 5
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4. Ability to take initiative on a project or assignment

Does Not Apply 0	Unacceptable 1	Needs Improvement 2	Average 3	Very Good 4	Exceptional 5
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5. Ability to plan, prioritize, and follow-up to achieve results

Does Not Apply	Unacceptable	Needs Improvement			
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