



Truckee Meadows Community College

Office of Student Employment

# STUDENT EMPLOYEE EVALUATION

## Instructions:

*It is recommended that student employees be evaluated: 1) After four weeks of employment as a training tool and/or 2) At the end of each semester of employment and/or 3) upon termination, resignation or expiration of contract. Copies of evaluations should be made and forwarded to: 1) Departmental file and, 2) Student Employment Office, RDMT 315-C.*

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Current G.P.A.: \_\_\_\_\_ Date of Last Eval.: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

### Current Duties:

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<b>Punctuality:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Attendance:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Dependability:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Cooperation:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Job Attitude:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Initiative:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Maturity:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Job Knowledge:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Accuracy:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Timeliness:</b>	Excellent _____	Good _____	Fair _____	Poor _____
<b>Overall Evaluation:</b>	Excellent _____	Good _____	Fair _____	Poor _____

### Comments on related factors of job performance:

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**Supervisors Recommendations for Work Performance Development:**

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**Employees Recommendations for Work Performance Development:**

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**Additional Comments – Employee or Supervisor:**

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**Supervisors Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_