STUDENT EMPLOYEE EVALUATION FORM

Student Name:	A#:
Job Title:	Department:
Supervisor Name:	Semester:

Evaluate the student according to the following criteria, offering comments where appropriate:

Exceptional = 5	Very Good = 4	Satisfactory = 3	Below Average = 2	Unsatisfactory = 1
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Competencies	Rating		
Knowledge and Skills: Student demonstrates working level of skill/knowledge			
relevant to position and applies professional and technical expertise to best meet			
department/area needs.			
Punctuality: Student conforms to work schedule, dependable, arrives at work			
promptly and keeps supervisor advised of schedule changes.			
Work Ethic: Student demonstrates personal accountability and effective work			
habits.			
Quality and Quantity of Work: Works effectively and efficiently. Able to meet			
deadlines and accomplish multiple tasks with accuracy and thoroughness.			
Customer Service: Ability to conduct self in a dignified, businesslike manner.			
Insures that department and university are accurately and positively portrayed.			
Written/Oral Communication: Student expresses thoughts and ideas clearly and			
effectively in written and oral form to all constituents.			
Initiative: Interest in assuming added responsibilities, asks for work if not assigned			
and is able to work independently.			
Relationships with Others: Student is tactful, diplomatic, and maintains good			
working relationships with co-workers, supervisor, faculty and staff.			
Adaptability: Ability to multitask work, activities, plans, etc. to accommodate			
changes.			
Overall Contribution: Student contributes overall to improving the			
office/department.			
45 - 50 = Excelling in Position			
35 – 44 = Good Standing			
25 – 34 = Satisfactory			
15-24 = Below Average			
10-14 = Unsatisfactory			
Total Rating			

Discuss the evaluation with the student and sign below. Provide a copy to the student, retain a copy for your files and submit the original to the student employment center for their personnel file by email: sec@alcorn.edu

Student Employee Signature:	Date:
Supervisor Signature:	Date:

EEO Statement:

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