COLLEGE OF CHARLESTON
Student Employee Evaluation

Evaluation Date: ________  Student Employee’s Name: ____________________________

Department: ____________________  Supervisor: ____________________________

Brief Job Description:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

To the Supervisor:

This evaluation is to be used as a learning tool for students regarding work ethic, responsibility, and professional behavior. Providing feedback helps students grow both personally and professionally, ensuring a stronger, more qualified workforce in the future. For those areas in which a student needs to improve, it is recommended that attainable goals be set with the student to help reach the desired level of performance. A copy of this evaluation should be retained in the student’s file to help document future progress. It is recommended that you complete this evaluation at least one time per year or prior to the student’s termination. Evaluate the student based on his/her work performance as related to the questions below. This evaluation should be completed prior to meeting with the student.

Students should be appraised on the following scale:
1 – unsatisfactory  2 – satisfactory  3 – superior  4 – exceeds expectations

1. Willingness to work  1  2  3  4
2. Eagerness to learn new tasks  1  2  3  4
3. Takes initiative; goes the extra mile  1  2  3  4
4. Accuracy of work  1  2  3  4
5. Reports to work on time  1  2  3  4
6. Attends work regularly  1  2  3  4
7. Completes assigned tasks on time  1  2  3  4
8. Professional relationship with office staff/college community  1  2  3  4
9. Dresses appropriately for work environment  1  2  3  4
10. Works with minimal supervision  1  2  3  4
11. Communicates information accurately and clearly  1  2  3  4
(i.e. phone messages; information to students, faculty, staff)

(over)
Supervisor Comments:

Student Comments:

By signing below, both supervisor and student acknowledge that they have read and discussed this evaluation together. It does not necessarily show that the student agrees with the appraisal.

Supervisor’s Signature/Date: ________________________________

Student’s Signature/Date: ________________________________