DIVISION OF STUDENT AFFAIRS

Career & Student Employment Services

STUDENT EMPLOYEE REVIEW (SHORT FORM-USED FOR 30 DAY REVIEWS)

Employee Name _____ WIN _____

Department _____ Today's Date _____

Period Covered _____ TO _____
Beginning date Ending date

Aptitude	EE	ME	BE	FE	NA
Leadership	EE	ME	BE	FE	NA
Teamwork	EE	ME	BE	FE	NA
Organizational Commitment	EE	ME	BE	FE	NA
Student Services Skills	EE	ME	BE	FE	NA
Timeliness	EE	ME	BE	FE	NA
Quantity of Work	EE	ME	BE	FE	NA
Performance of Tasks	EE	ME	BE	FE	NA

(EE) Exceeds Expectations, (ME) Meets Expectations, (BE) Below Expectations, (FE) Failed Expectations
(NA) Not Applicable

Supervisor's Comments:

_____

_____

_____

Student Employee's Comments:

_____

_____

_____

Does the student employee and the department mutually agree to continue employment?
Yes No (please circle)

Employee Signature _____

Supervisor's Signature _____

**Please provide a copy of this evaluation to the student employee, Career & Student Employment Services, and retain a copy for departmental records.*