

Performance Evaluation for Student Workers

Employee Name:

Supervisor Name:

Department:

Date:

Competencies	Ratings	Comments
Quality of Work and Compliance		
Productivity and Reliability		
Job Knowledge		
Safety		
Cooperation and Diversity		
Training Certification		
Overall Performance Rating		

Learning Objectives List:

Achieved

Not Achieved, Notes:

I have reviewed this performance evaluation. My signature indicates that I have been advised of my performance status and does not necessarily imply that I agree with the assessment. I understand that I may attach written comments if desired.

Supervisor:

Employee: