

**Student Employee Review Form
College of Education and Human Development
Office of the Dean**

Name:	
Date of Hire:	
Review Date:	
Reviewer:	

**O= Outstanding E = Exceeds Expectations M = Meets Expectations
DNM = Does Not Meet Expectations IKA= Insufficient Knowledge to Answer**

Rating Factors	O	E	M	DNM	IKA
Dependability (shows up to work on time and when scheduled or calls far in advance as possible)					
Quality of Work (accuracy, thoroughness, acceptability of work)					
Quantity of work (efficiency of work in specified period of time)					
Initiative (Self-starter/motivated)					
Innovation (creates efficiency)					
Service (cooperates, works and communicates with visitors)					
Quality of Work Life (willingness to contribute/work with coworkers, as appropriate)					
Professional Conduct (appearance, answering phones, meeting guests and interacts with coworkers)					
Attitude (toward job, co-workers and visitors)					
Other:					
Workers Strengths:					
Needs improvement:					
Additional training needed:					
Comments:					

I acknowledge that my supervisor and I have discussed this evaluation and that I have received a copy of the evaluation and related attachments.

NOTE: Employee signature does not necessarily indicate agreement; signature represents acknowledgment and receipt of the evaluation.

Date

Employee's signature

Date

Supervisor's signature