



**STUDENT AFFAIRS
ACTIVITIES DEPT.
STUDENT EMPLOYMENT APPRAISAL FORM**

This form must be completed by the student employee's supervisor within the school/department.

School/Department _____ Supervisor _____

Student's Name _____ ID# _____

Major _____ Male Female

Appraisal Period: From _____ To _____

Type of work assigned: _____

Briefly describe responsibilities handled: _____

Ratings	Good	Average	Poor
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on own initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of skill applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments: _____

Signature of supervisor _____ Date _____
