**Student Employee Evaluation Form**

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| Student Employee: | Classification: |
| Brief Job Responsibilities: | Evaluation Period: |

1=Unacceptable 2=Needs Improvement 3=Satisfactory4=Good 5= Excellent

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| --- | --- | --- | --- | --- | --- | --- |
| **Performance Factors** | **1** | **2** | **3** | **4** | **5** | **Comments** |
| **Punctuality & Work Schedule:**  Ready for work at scheduled time, staying for entire shift, communicating with supervisor if issues arise that affect work hours |  |  |  |  |  |  |
| **Critical Thinking & Problem-Solving:**  Uses sound reasoning to analyze issues, make decisions and overcome problems. Demonstrates inventiveness |  |  |  |  |  |  |
| **Initiative:**  Starting work on whiteboard, asking staff if things need to be done, seeing things that can be done and completing them. |  |  |  |  |  |  |
| **Customer Service:**  Assists customers in a friendly, knowledgeable, professional manner. Remains poised in difficult situations. |  |  |  |  |  |  |
| **Communication:**  Uses appropriate and effective communication with supervisor, staff, peers, and constituents of the LSU OCC. Email communication to staff is professional. |  |  |  |  |  |  |
| **Following Office Policies:**  Printing & signing weekly timesheet in appropriate format on time. Clocks out if unable to do work assigned. Follows OCC student worker dresscode. |  |  |  |  |  |  |
| **Office Knowledge:**  Knowing service areas, staff members, and basics of the office. Actively working to learn new information. |  |  |  |  |  |  |
| **Leadership:**  Demonstrates leadership skills. Sees opportunities for enhancement and addresses with staff. Takes ownership of projects assigned. Serves as a positive example to other student employees. |  |  |  |  |  |  |

**Additional Performance Factors**

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| --- | --- |
| **Strengths** | **Improvement Areas** |
|  |  |

***To be completed with student employee***

|  |  |
| --- | --- |
| **Career Goals** |  |
| **Skills to develop** |  |
| **Most meaningful work experience** |  |

**Goals** \*To be determined by student employee & evaluator

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**Comments**

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| --- | --- |
| Student Employee | Evaluator |
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| --- | --- |
| Evaluator Signature: | Date: |
| Student Employee Signature**\*:** | Date: |

**\***Student employee signature indicated evaluation was conducted, not necessarily agreement to evaluation.