

The University of Alabama Student Employee Evaluation Form

Student Assistant Name:	Department/Organization:
Job Title:	Evaluation Period:

Please rate Student Assistant on the following criteria:

5= Excellent	4=Above Average	3=Average	2=Below Av	verage 1	=Unacceptable	0=N/A
	CRITERIA		RATING		COMMENTS	
Job Knowledge & Skills: S and has appropriate know						
Quality of Work: Produce standards. Completes assi						
Productivity: Produces, in and remains on task. Avoi personal visitors, social m	ids distractions such as pe					
Initiative: Shows resource completing assignments. <i>A</i> participates in training as	Asks for additional work a					
Communication: Interacts alumni, customers, guests						
Cooperation : Works well compromise and resolve i department/organization.	issues, contributes to over	-				
Positive Image : Serves as organization and UA. Moc service. Avoids gossip, pro	dels professionalism, enth	usiasm, customer				
Confidentiality : Handles i confidentiality on all Univ information unless work-r	ersity records, and refrair	is from accessing				
Stress Management: Wor handle multiple tasks, ask understanding, requests a	s questions for clarification					
Responsibility : Accepts re job itself. Accepts feedbac show progress, growth an	ck on completed assignme					
Attendance: Reports to w organization call-out proc appropriately submits req	edures if/when unable to	work, and				
Punctuality : Consistently Meets assignment deadlin deliveries in timely manne	nes, attends scheduled ap					
Appearance: Follows deparance follows deparance and professional dress in the second s		rds for appropriate				
Other Criteria:						



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Additional Supervisor Comments:

Suggested actions for development and improvement:

Supervisor Name (Print)

Supervisor Signature

Student Assistant Comments (optional):

I acknowledge that I have reviewed this evaluation with my supervisor. My signature indicates that I have been advised of my performance status, and does not necessarily imply agreement.

Student Assistant Name (Print)	CWID Number
Student Assistant Signature	Date
DISTRIBUTION INSTRUCTIONS	 Return original form to Human Resources, Box 870126. Maintain one copy for your departmental records. Distribute one copy to the student employee.

Job Title/Department

Date