



Student Performance Evaluation Form

Student Name: _____ Date: _____

Department & Supervisor: _____

Student Position: _____

Supervisors: Please complete this form for all students who work in your department. Place a check after each question in column A, B, or C based on the student's work habits and performance. This evaluation can be used per semester, or as needed.

Purpose: To provide the student with constructive feedback necessary to enhance their work performance and professional development. Direct all questions to Colby's student employment office at ext. 5516 or studentemployment@colby.edu.

Work Habits and Performance:	Needs Improvement	Meets Expectations	Above Expectations
1. Carries out assigned duties			
2. Adheres to work schedule (always on time, etc.)			
3. Keeps work area organized			
4. Demonstrates willingness to learn			
5. Accepts new responsibilities			
6. Interacts well with others			
7. Maintains confidentiality of departmental records or other information			
8. Adheres to departmental policies regarding office etiquette (i.e, dress code, visitor policy, cell phone usage, etc.)			
9. Approaches job in a professional and conscientious manner			

Please add any comments on page 2.

My signature signifies that I have reviewed the contents of this evaluation with my supervisor and have had the opportunity to discuss any questions with my supervisor.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor's Comments: (please use additional sheet of paper if necessary)

Student's Comments: (please use additional sheet of paper if necessary)