



STUDENT EMPLOYEE EVALUATION

Name of Student

FLC Student ID Number

First Year Employed at FLC

Year in School

Employer (Department/Office)

Job Title

Academic Year

EVALUATE THE STUDENT IN EACH OF THE CATEGORIES AS FOLLOWS:

4 - Outstanding	3 - Above Average	2 - Average	1 - Below Average	N.E. - No Evaluation
-----------------	-------------------	-------------	-------------------	----------------------

		4	3	2	1	N.E.
QUALITY OF WORK	Can do satisfactory work following procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY OF WORK	Volume of work done in specified time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE	Degree of enthusiasm demonstrated toward work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSION	Knowledge of job procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGEMENT	Decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY	Job completion, conscientiousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	Punctuality and attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	Interest in assuming new responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL	Ability to improve job performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	Understanding and inspiring others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONALISM	Businesslike conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTWARD APPEARANCE	Impression given to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING	Consider all attributes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***NOTE: IF THE OVERALL RATING IS OUTSTANDING OR BELOW AVERAGE, A JUSTIFYING NARRATIVE MUST BE ATTACHED, OR INCLUDED IN THE GENERAL COMMENT SECTION.**

WOULD YOU REHIRE THIS STUDENT? Yes No

GENERAL COMMENTS:

Supervisor's Signature

Date

Student's Signature

Date

Please return to the Office of Financial Aid, Room 101, Miller Student Center