



FINANCIAL AID

2200 BONFORTE BLVD.
PUEBLO, COLORADO 81001-4901
(719) 549-2753 fax:(719) 549-2088**Student Employee Performance Evaluation**Student name: NetID: Department/College: Cost Center: Wage Level/Rate: Position Number:

Evaluate the student's performance in each of the categories listed below. If you have specific instructions such as to end date or delete a contract, please indicate that below:

		5-Outstanding	4-Above Average	3-Average	2-Below Average	1-Unsatisfactory				
						5	4	3	2	1
Quality of work:	Ability to do satisfactory work following specific procedures					☐	☐	☐	☐	☐
Quantity of work:	Volume of work done in specified time following specific standards					☐	☐	☐	☐	☐
Work attitude:	Degree of enthusiasm and willingness with which one performs work					☐	☐	☐	☐	☐
Comprehension:	Knowledge and familiarity with job					☐	☐	☐	☐	☐
Reliability:	Job completion, ability to get things done, conscientiousness					☐	☐	☐	☐	☐
Dependability:	Punctuality and reliability in attendance					☐	☐	☐	☐	☐
Initiative:	Interest in assuming added responsibilities					☐	☐	☐	☐	☐
Professionalism:	Conducts oneself in a dignified and business-like manner					☐	☐	☐	☐	☐

General Comments: _____

Recommendation: ☐ Willing to re-hire in the future
☐ Student will not be re-hired at this time.

End Date or Deleting contract: ☐ Yes, end date for: _____
☐ No

Supervisor Signature _____ Date _____

Student Signature _____ Date _____

Office Use Only

SFS Signature _____ Date _____

Academic Year _____