

# Sample Performance Appraisal

Student Name: \_\_\_\_\_ Semester: \_\_\_\_\_

In an effort to give our student assistants feedback on their performance, we have designed this evaluation form. Please give careful consideration to this. Personal comments are appreciated; use the back of the form, or another sheet if needed. Please return the completed form to \_\_\_\_\_.

Please evaluate the student by using one of the following:

Excellent   Very Good   Fair   Poor/Needs Improvement

1.            Dependability/attendance. (Works scheduled hours, arrives on time)

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

2.            Professional appearance and manner. (Clean and neatly dressed, pleasant manner.)

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

3.            Telephone Skills: (Speaks clearly & distinctly, remembers to use the correct greeting, able to relay accurate, readable information, understands and effectively uses AUDIX.)

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

4.            Client Services: (Take care of clients promptly, determine client needs and inform client of services available that meet those needs.)

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

5.            Data Entry - Quality

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

6.            Work Relationships: (With the Career Services staff and co-workers)

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

7.            Initiative: (Sees things that need to be done and does them; keeps busy. Willing to make suggestions for improvements when appropriate.)

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

8.            General knowledge of office: (Knowledgeable about office programs, procedures, staff and services. Maintains a neat and orderly work station.)

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

9.            Overall rating:

E \_\_\_    VG \_\_\_    F \_\_\_    P \_\_\_    Not Observed \_\_\_

10.          Areas for improvement:

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11. General Comments:

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Employee: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature) \_\_\_\_\_

I have reviewed this evaluation with my supervisor.

Student Comments (optional)

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