STUDENT ASSISTANT EVALUATION

Name of Employee:_____________________________________________

Date:_____________________________________________________

1) Relations with others:
   ___Works well with others
   ___Gets along
   ___Has difficulty with others

2) Attitude towards work:
   ___Enthusiastic
   ___Interested
   ___Indifferent

3) Punctuality:
   ___Reports on time
   ___Occasionally late
   ___Frequently late

3) Dependability:
   ___Very dependable
   ___Usually dependable
   ___Sometimes careless
   ___or neglectful

5) Quality of work:
   ___Excellent
   ___Average
   ___Poor

6) Overall Evaluation:
   ___Outstanding
   ___Average
   ___Not satisfactory

Special comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Student’s signature)       (Date)

(Employer’s signature)      (Date)