



STUDENT EMPLOYEE PERFORMANCE EVALUATION

(Supervisor Form)

Review Period: **Fall 2024 / Spring 2025**

Student Start Date:

End Date:

STUDENT & POSITION INFORMATION

Student Name:

Student ID: 000

Position#

Job Title:

CAREER COMPETENCY RATINGS [View NACE Competency Definitions and Sample Behaviors Here](#)

	Excellent	Good	Satisfactory	Improvement Needed	Unsatisfactory	Too New to Rate/ Not Applicable
Career and Self-Development						
Communication						
Critical Thinking						
Equity and Inclusion						
Leadership						
Professionalism						
Teamwork						
Technology						
Job Knowledge/Skills						

Use the space below (700 character limit) to add overall evaluation comments, as well as goals and expectations for any improvement or development. If you need additional space, use a word document (no word limit) and attach the word document to your final review.

Supervisor: I have completed this evaluation form and participated in a discussion with the student above regarding his/her performance in the above position.

Supervisor has reviewed Student Self-Evaluation

Supervisor met with Student on Date:

Remotely (Zoom or Phone)

OR

In-Person

Supervisor Name (Print/Type):

Date:

AFTER ABOVE INFO. IS FILLED OUT, **SAVE THE FORM TO YOUR COMPUTER..** You will need it to review with the student, sign and submit to the Student Employment Office. The student may also ask for a copy of it.