

Student Name:

Office of Student Employment

CCSF Student ID#:

50 Frida Kahlo Way MUB 260 ·San Francisco, CA 94112 ·415-452-5669 ·studentemployment@ccsf.edu

Student Employment Performance Evaluation

Instructions: Please complete this form and discuss the results with the student employee. Both supervisor and student signatures are required. Please retain for your records.

Department:										
Job Title:										
Hire Date: Date of Evaluation:										
Please evaluate student's performance as follows:										
	Exceptional Good Acceptable Needs Improvement 5 4 3 2					Unsatisfactory 1				
1.	Job Knowledge/ Work Quality: Performance of assigned job; accuracy, completes work free of frequent or costly error.					5	4	3	2	1
2.	Productivity: Capacity for meeting workload demands or responsibilities.					5	4	3	2	1
3.	Reliability: Dependability, punctuality, professionalism.					5	4	3	2	1
4.	Initiative: Ability to be a self- starter, supervise self, take action on own.						4	3	2	1
5.	Cooperation: Ability to interrelate harmoniously with peers, subordinates, supervisors, students, or public.						4	3	2	1
Со	mments:					1				
Supervisor Signature:						Date:				
Student Signature:						Date	e:			