

## STUDENT EMPLOYEE PERFORMANCE EVALUATION

(Supervisor Form)

Review Period: Fall 2023 / Spring 2024

Student Start Date:	End Date:
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STUDENT & POSITION INFORMA	ATION						
Student Name:		Student ID: 000					
Position# Jo	ob Title:						
CAREER COMPETENCY RATIN	IGS View NACE Con	npetency Defi	nitions and Sample		.4	Too New to Date/	
	Excellent	Good	Satisfactory	Improvemer Needed	Unsatisfactory	Too New to Rate/ Not Applicable	
Career and Self-Developme	nt						
Communication							
Critical Thinking							
Equity and Inclusion							
Leadership							
Professionalism							
Teamwork							
Technology							
Job Knowledge/Skills							
Use the space below (700 character lidevelopment. If you need additional s							
development. If you need additional s	pace, ase a word a	ocument (no	word illillity and a	ttacii tiic word	accument to your r	mar review.	
Supervisor: I have completed this performance in the above position		and participa	ated in a discuss	sion with the s	tudent above reg	arding his/her	
Supervisor has reviewed Student S	Self-Evaluation						
Supervisor met with Student on Da	te:	Remotely	(Zoom or Phone	e) 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.