FEDERAL WORKSTUDY PERFORMANCE EVALUATION

MIDLANDS
TECHNICAL COLLEGE

Student Name

MTC ID

Evaluation Period

Job Title

Employment Begin Date

Date of Evaluation

Employing Department

Name and Title of Supervisor

Performance Rating Guide:
Please evaluate each student employee for each criterion shown below. The immediate supervisor should evaluate the student objectively comparing him or her with students of the same academic level and/or with other personnel assigned to identical or similar jobs. If the criterion does not apply of if you don't have sufficient information, please check write "N" for no evaluation.

4 - Above Average   3 - Average   2 – Below Average   1 - Unacceptable   N – No Evaluation

1. **Responsibility** – The extent to which the employee can be relied upon to perform assigned duties and to be aware of and accepting of accountability for the same.

2. **Judgment** – Reasons, compares, understands, and thinks rationally on the job. Makes quality work related decisions based on conclusions and separates facts from opinions.

3. **Leadership** – Guides others to the accomplishment of objectives/responsibilities, develops teamwork, and resolves conflict.

4. **Initiative** – Starts assignments without prompting and independently contributes ideas and projects. Sees/acts upon new opportunities.

5. **Dependability** - Meets work schedules and fulfills job responsibilities and commitments

6. **Reliability** – Consistently delivers what is required within deadline and instructions.

7. **Delegation** – Clearly assigns responsibility to others and seeks to provide the appropriate resources.

8. **Use of Work Time** – Reports to work promptly. Effectively and efficiently uses time to accomplish task

9. **Communication Ability** – Presents clear and accurate information both verbally and written

10. **Overall Performance** – Works with minimal supervision, manages own time

11. **Total Points**

Would you recommend this student for rehire?   ☐ Yes   ☐ No

Comments:

Student's Signature: _____   Date: _____

Supervisor's Signature: _____   Date: _____