SANTIAGO CANYON COLLEGE
Student Assistant Performance Evaluation

CONFIDENTIAL

This form needs to be completed and returned to the On-Campus Job Placement Office, E-104.

Supervisor __________________________________ Department _______________________

Student Name ________________________________________________________________

(Last) (First) (MI)

Student ID No. _______________________

Briefly describe the duties or type of work performed by the student:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please evaluate the employee for each criterion shown below. Use the appropriate letter for the rating to be applied: Leave blank if category does not apply.

A-Above Average   B-Good   C-Needs Improvement   D-Not Applicable

QUALITY AND QUANTITY OF WORK

Demonstrates knowledge of job
Amount of work accomplished
Performs work with accuracy
Work is neat and presentable
Work is thorough
Organizes work appropriately

WORK ATTITUDES

Courteous and interested
Willingness to work at difficult or disagreeable tasks
Accepts new ideas and procedures
Accepts constructive criticism and suggestions
Accepts responsibility
Exercises good judgement

PLEASE CIRCLE ONE

A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
WORK HABITS
Observe established working hours
Completes work on time
Uses common sense in performance of duties
Complies with departmental and District policies
Performs assigned/unassigned tasks without prompting
Dependability: trustworthiness, punctuality, reliability

A  B  C  D

A  B  C  D

A  B  C  D

A  B  C  D

A  B  C  D

A  B  C  D

SKILLS AND ABILITIES
Has knowledge and ability essential for work

A  B  C  D

RELATIONSHIP WITH OTHERS
Works well with co-workers
Works well with the public
Cooperates with supervisor(s) and other staff
Is deeply conscious of responsibility to working group

A  B  C  D

A  B  C  D

A  B  C  D

A  B  C  D

A  B  C  D

Supervisor comments performing this evaluation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Supervisor ___________________________ Date ________________

Comments of Employee:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Employee ___________________________ Date of discussion with Supervisor ________________

(Does not imply agreement or disagreement with evaluation)