

UNIVERSITY OF DALLAS

End of Semester/Academic Year

Student Employee Evaluation

Student ID Number: _____ Supervisor Name: _____

Student Name: _____ Department: _____

Indicate how long this student has worked in your department:

- One semester or less
- Two semesters
- Three or more semesters

Rate the extent to which you agree with the following statements:

1. Job Performance: This student worked effectively and efficiently to meet all requirements of the position.

Strongly Disagree Disagree Neither Agree
Nor Disagree Agree Strongly Agree

Please include any comments or observations regarding this student's job performance below:

2. Dependability: This student adhered to the hours scheduled and followed through on tasks assigned to him/her.

Strongly Disagree Disagree Neither Agree
Nor Disagree Agree Strongly Agree

Please include any comments or observations regarding this student's dependability below:

3. Professionalism: This student conducted him/herself in a professional manner and treated others with respect.

- | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly Disagree | Disagree | Neither Agree
Nor Disagree | Agree | Strongly Agree |

Please include any comments or observations regarding this student's professionalism below:

Do you intend to hire this student again in the next Academic semester?

- Yes, I would like to hire this student to work in this department again next semester, and have already offered him/her a position.
- Yes, I would like to hire this student to work in this department again next semester; but I have not yet offered him/her a position.
- N/A, this student is a graduating senior and/or will not be eligible for work next year.
- No, I would not like to hire this student to work in this department next semester. Please explain:

Supervisor Signature: _____ Date: _____

Please submit completed form to HR.