STUDENT EMPLOYEE EVALUATION

Student: ______________________________________
Job Title: _____________________________________
Supervisor: ____________________________________
Other Supervisor: _______________________________
Contact Person: _______________

Employment Began: _____________ Ended: _________
Orientation Date: ________________
Time card reviewed and submitted to Payroll & Benefits:  Yes ☐  No ☐
Last day student worked: _________________________
Reason for discontinuation of position: ________________________________________
__________________________________________________________________________

Refer to the original Job Description for evaluation criteria

Position is most closely matched to the goals of which Casper College program(s) of study: __________________________________________________________________

Performance on essential job duties:
   Excellent ☐  Very Good ☐  Satisfactory ☐  Unsatisfactory ☐

Performance on other job duties:
   Excellent ☐  Very Good ☐  Satisfactory ☐  Unsatisfactory ☐

Was the successful completion criteria achieved: Yes ☐  No ☐

Was the level(s) of individual development expected attained: Yes ☐  No ☐

Was there an opportunity to address educational goal: Yes ☐  No ☐

For ratings below “Satisfactory” or a “No” response, did the supervisor document action showing a cycle of evaluation designed to improve student employee performance criteria.
   Yes ☐  No ☐

Comments:

Please return this form to Student Success Center, GW 350A, or e-mail it to jdevries@caspercollege.edu