CALIFORNIA STATE UNIVERSITY
FULLERTON
HUMAN RESOURCES, DIVERSITY & INCLUSION

Student Employment Program

Performance Evaluation

Legal Last Name _____ Legal First Name_____ CWID _____

Department _____ Evaluation Period: From _____ to _____

Supervisor's Name_____ Ext. _____ Room #_____

Instructions: Please respond to the following questions. Please note that merit increases are at the discretion of the hiring department.

1. List the Student Assistant's top three strengths.

2. Comment on the Student Assistant's growth in their current role.

3. List and comment on areas of improvement for the Student Assistant during the review period.

4. What accomplishments have the Student Assistant achieved during the evaluation period?

5. List training/professional development that could benefit the Student Assistant. Keep in mind that these trainings/professional development sessions should relate to the goals listed below.

Goals: Please list up to three measurable goals to work toward during your next performance review period

Goal	Outcome	Support Needed
Goal #1		
Goal #2		
Goal #3		

Rating	Unsatisfactory 0-2	Average 3-4	Above Average 5-6	Outstanding 7-8

Category	Responsibility	Rating
Work Habits	Attendance	
	Punctuality	
	Attention to Detail	
Customer Service	Faculty/Staff	
	Students	
	Campus Visitors	
Understanding Duties	Ability to Learn Quickly	
	Resourceful	
	Understand Job Responsibilities	
	Quality of Work	
Professionalism	Conscientious	
	Willingness to Learn	
	Open to Feedback	
	Follows Direction	
	Takes Initiative	
	Responsible	
Communication	Written	
	Verbal	
	Interpersonal	
Team Orientation	Flexible	
	Willingness to Collaborate	
	Ability to Compromise	
	Proactive	
	Supportive	
Overall Rating	Please calculate the average of all ratings given	

The student employee's next evaluation will be on:_____

_____ _____ _____ _____
Supervisor's Signature   Date   Authorized Department Signature   Date

I certify that this performance appraisal has been discussed with me. My signature does not necessarily indicate that I agree with this evaluation.

Student Employee Signature_____ Date_____

Please keep the original copy of the evaluation in your department and provide a copy to the student employee. If you are recommending a salary increase, please process via CMS and submit the signed Confirmation Ticket to the Payroll Office. The effective date of increase must be at the beginning of a pay period.