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| **Student Staff Performance Evaluation****Career ServicesOklahoma State University** |

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| Employee: | Employee Start Date: |
| Supervisor: | Evaluation Date: |

Instructions:

Please use the indicated rating system to evaluate the student on the following work-related skills, attitudes, and behaviors.

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| (5) Special Merit: | Total performance is far above normal standards for the position. Employee is making superior contributions to the University. |
| (4) Exceeds Expectations: | Consistently competent performance exceeding standards in all critical factors for the position.  |
| (3) Meets Expectations: | Meets the requirements of the position in a competent manner. |
| (2) Needs Improvement: | Total performance periodically or regularly falls short of normal standards. |
| (1) Unsatisfactory: | Performance clearly inadequate. Employee has demonstrated inability or unwillingness to improve or to meet standards. Performance not acceptable for position held. |

1. When giving a rating of 1, the supervisor must provide an explanation for that rating in the comments section for that category. Use the back of the form or an additional page if necessary.
2. All ratings in each category should be averaged together and listed in the comments section for that category. The final rating is the average of all category average ratings and may be reported as a number with two decimal places. Items that are not applicable (NA) should not be used to calculate the average rating for that category.
3. Supervisor and employee must discuss the evaluation, progress made in performance, and progress toward objectives and goals for the coming year. Both the supervisor and employee must sign the form and both must have an opportunity to add comments.
4. All student staff evaluations will be reviewed and approved by Career Services leadership.
5. The original form with the final ratings, comments and signatures is retained in the employee’s personnel file in the department’s HR office. The employee signs the form to acknowledge that s/he has seen the report and has been apprised of his/her evaluation.
6. The employee has a right to make a written statement or rebuttal on the form at the time of the evaluation and/or within ten working days. If a statement is submitted within ten days, it will be attached to the evaluation report. Supervisors should make employees aware of this opportunity.
7. A copy of the signed evaluation shall be provided to the employee within 30 days of the date of the evaluation or upon request.

**Completion Date of Required Training Modules:**

Safety Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working with Minors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FERPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clery Act: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title IX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**factor ratings:**

5 = Special Merit; 4 = Exceeds Expectations; 3 = Meets Expectations; 2 = Needs Improvement;
1 = Unsatisfactory; NA = Not Applicable

**Any rating of 5 or 1 requires an explanation for that rating in the comments section.**

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| **I. JOB KNOWLEDGE**  | 5 | 4 | 3 | 2 | 1 | NA |
| a) Understands & performs assigned duties and job requirements |  |  |  |  |  |  |
| b) Uses sound judgement when making task-related decisions |  |  |  |  |  |  |
| c) Follows procedures |  |  |  |  |  |  |
| d) Maintains strict confidentiality of departmental information |  |  |  |  |  |  |
| e) Produces quality work |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Comments Average Rating:  |

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| --- | --- | --- | --- | --- | --- | --- |
| **II. PROFESSIONALISM** | 5 | 4 | 3 | 2 | 1 | NA |
| a) Provides quality customer service |  |  |  |  |  |  |
| b) Works in harmony with coworkers and supervisor  |  |  |  |  |  |  |
| c) Communicates clearly and timely |  |  |  |  |  |  |
| d) Accomplishes accurate work under tight deadlines |  |  |  |  |  |  |
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| Comments Average Rating:  |

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| --- | --- | --- | --- | --- | --- | --- |
| **III. INITIATIVE** | 5 | 4 | 3 | 2 | 1 | NA |
| a) Takes effective action without being told |  |  |  |  |  |  |
| b) Accepts responsibility for own actions and ensuing results |  |  |  |  |  |  |
| c) Demonstrates willingness to learn new skills |  |  |  |  |  |  |
| d) Develops realistic plans to accomplish assignments |  |  |  |  |  |  |
| e) Accepts direction |  |  |  |  |  |  |
| f) Adapts to new situations and changes in the work environment |  |  |  |  |  |  |
| g) Produces a large volume of quality work |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Comments Average Rating:  |

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| --- | --- | --- | --- | --- | --- | --- |
| **IV. DEPENDABILITY** | 5 | 4 | 3 | 2 | 1 | NA |
| a) Demonstrates punctuality and begins work as scheduled |  |  |  |  |  |  |
| b) Contacts supervisor concerning absences on a timely basis |  |  |  |  |  |  |
| c) Can be depended upon to be available for work |  |  |  |  |  |  |
| d) Manages own time effectively |  |  |  |  |  |  |
| e) Demonstrates commitment to service |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Comments Average Rating:  |

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| --- | --- | --- | --- | --- | --- | --- |
| **V. TEAMWORK** | 5 | 4 | 3 | 2 | 1 | NA |
| a) Understands the department’s and OSU’s policies, procedures, goals and purpose as required for the job |  |  |  |  |  |  |
| b) Promotes and demonstrates trust, mutual respect and a cooperative work environment |  |  |  |  |  |  |
| c) Offers assistance, is courteous and works well with customers and fellow workers |  |  |  |  |  |  |
| d) Supports cultural diversity in the workplace |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Comments Average Rating:  |

**ADDITIONAL JOB FUNCTION SPECIFIC TO POSITION (OPTIONAL)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5 | 4 | 3 | 2 | 1 |
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| Comments Average Rating:  |

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| --- |
|  **Overall Rating:**  |

**GOALS: (optional)**

Review progress toward goals and staff development achievements established for this evaluation period. Be sure to include any additional goals established during the course of the rating period. Discuss not only strengths and/or significant accomplishments but also difficulties, possible causes and recommended actions.

**OBJECTIVES: (optional)**

Supervisor and employee discussion of future objectives is essential. List specific position goals and staff development opportunities to work toward during the next evaluation period. Include time frames, criteria for completion, and planned supervisor actions to assist. Your supervisor must approve future objectives.

**STATEMENTS:** If the employee disagrees with the rating, the employee and supervisor narrative statements should explain.

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| **Supervisor (Optional)****Employee (Optional)****Department Head (if overall rating is changed)** |

**SIGNATURES:**

I acknowledge that I have reviewed this report with my supervisor and have been apprised of my evaluation. I understand that I may make a written statement on this form now or within ten working days. If a statement is submitted within ten days, it will be attached to this evaluation report.

Employee: Date:

Supervisor: Date:

Date of Supervisor’s last appraisal training:

Dept. Head: Date: