

# EMPLOYER'S PERFORMANCE REVIEW OF STUDENT

UNIVERSITY RECOGNITION PROGRAM  
CAREER AND EMPLOYMENT SERVICES  
100 HOLTZ HALL, MANHATTAN, KS 66506-1701  
(785) 532-1689 FAX: (785) 532-6802  
CES@KSU.EDU WWW.KSU.EDU/CES  
*Information must be typed or clearly written.*

<b>CES OFFICE USE ONLY</b>	
<input type="checkbox"/>	Employer Performance Review Date
<input type="checkbox"/>	Employer Assessment
<input type="checkbox"/>	AD approval/signature

Student Name: \_\_\_\_\_ Major(s): \_\_\_\_\_

Semester(s) on University Recognition Program: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_

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## OBJECTIVES/PERFORMANCE EVALUATION:

List the student's learning objectives as outlined at the beginning of the work term. Evaluate the student's performance on each objective. Note the student's strengths and abilities as well as areas for improvement.

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### Objective 1:

Performance Evaluation:

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### Objective 2:

Performance Evaluation:

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### Objective 3:

Performance Evaluation:

Please rate the student's performance and add comments to explain your reasoning.

1 = Unsatisfactory, 2 = Marginal, 3 = Average, 4 = Very Good, 5 = Outstanding

WORK SKILLS	RATING (Circle One)					COMMENTS
	U	M	A	V	O	
<b>ORGANIZATION</b> (making efficient use of time, organizing tasks)	1	2	3	4	5	
<b>COMMUNICATION</b> (ability to express self orally and in writing)	1	2	3	4	5	
<b>RELATIONS WITH OTHERS</b> (cooperation, consideration of others, dependability)	1	2	3	4	5	
<b>OVERALL PERFORMANCE</b>	1	2	3	4	5	

**ATTENDANCE:** \_\_\_\_\_Regular \_\_\_\_\_Irregular

**PUNCTUALITY:** \_\_\_\_\_Regular \_\_\_\_\_Irregular

Based on the student's performance, if the opportunity existed, would you be willing to re-hire him/her in your department under your supervision? \_\_\_\_\_Yes \_\_\_\_\_No

(If no, please state reason)

This report has been discussed with the student: \_\_\_\_\_Yes \_\_\_\_\_No

Supervisor's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Note: Please return the original form, signed by student and supervisor, to:

University Recognition Program  
Career and Employment Services  
100 Holtz Hall  
Kansas State University  
Manhattan, KS 66506-1701

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