

**STOCKTON UNIVERSITY**  
**OFFICE OF FACILITIES MANAGEMENT AND PLANT OPERATIONS**

Student/Temporary Worker Evaluation

Employee:

Position:

Evaluator:

Evaluation Date:

Please rate employee/student on the scale below and make corresponding comments in area provided.

Evaluation Period:	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor
1. Work Skills					
2. Demonstrated job knowledge					
3. Ability to follow procedures/directions					
4. Willingness to accept new or unanticipated work or assignment					
5. Ability to handle unanticipated requests					
6. Ability to complete assignments					
7. Reliability					

Comments: (List any incidents of exceptional or poor performance)

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