Officials Evaluation Form

Name of Student Official: ____________________________

Evaluator: ______________________________________

Evaluation: Term _____     Date _____

Student Officials and Supervisors will be evaluated a minimum of two (2) times per academic year. There may be additional evaluations if the faculty member identifies the need. If any official receives a rating of 5-6 in ANY area, he/she should consider this rating as indicating that he/she needs major improvement. Consecutive 7-8 ratings in an academic year will result in possible termination for the following season.

1  2  3  4  5  6  7  8
excellent  competent needs improvement poor

_____ 1. Enthusiasm
_____ 2. Promptness
_____ 3. Creativity
_____ 4. Dependability
_____ 5. Time management/organization
_____ 6. Ability to take direction
_____ 7. Ability to take criticism
_____ 8. Tact
_____ 9. Communication skills
_____ 10. Ability to maintain confidentiality
_____ 11. Knowledge of referral sources
_____ 12. Willingness to learn new skills
_____ 13. Completion of tasks completely and accurately

Overall Rating: ___________________________________

Recommendations: ________________________________

I have read the evaluation. ___________________________

Student Officials Signature