Old Dominion University

Department of Occupational & Technical Studies

SEPS 367 —PERFORMANCE APPRAISAL FORM

Student's Name: _____ Total Hours Worked: _____ Date: _____

Please check the column that best describes the individual during the time he or she worked in your organization.

Characteristic	Outstanding	Above Avg.	Average	Below Avg.	Unacceptable
Motivation					
Appearance					
Customer relations					
Work attendance and punctuality					
Reliability in following directions					
Recognizes work to be accomplished					

NOTES: _____

_____

_____

_____

_____
Rater's signature

_____
Company

_____
Rater's Position

_____
Address