

# Old Dominion University

Department of Occupational & Technical Studies

## SEPS 405 — 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