## UNIVERSITY OF KENTUCKY FEDERAL WORK STUDY STUDENT EVALUATION FORM

Complete the following annual evaluation. Return the original copy to the **Federal Work Study Office in Room 128 Funkhouser Building 0054**. Retain a copy for your files.

Section 1: Student and Department Information				
Student Name			Social Security Number	
Department			Supervisor Name	
Section 2: Employee Evaluation				
Evaluate the student employee according the following criteria and then discuss the evaluation with the student. Lines are provided for any additional comments you may wish to make. Both supervisor and employee should sign this form as indicated in Section 3. If the student was not under your employment long enough to evaluate then indicate this under the comment section.  FOR ACADEMIC YEAR				
CRITERIA	Excellent	Good	Fair	Poor
Quality of Work				
Quantity of Work				
Reliability				
Attitude toward Work				
Cooperation				
Initiative				
Overall Rating				
Comments:				
Section 3: Signatures – Both supervisor and employee should sign where indicated. If the student is not available for signature, please indicate				
Supervisor Signa	ature		Date	
- 5-p-0. 1:50 5-g-1.51.5.				
Student Authorization: No I authorize the release o	• •			
Student Signatu	re		Date	