Work Study Student Evaluation of Job Assignment

The purpose of this evaluation is to provide the Financial Aid Office with feedback so that we may evaluate and improve the work experience of our students. Please take a few minutes to complete this evaluation by checking the response that most closely describes your particular experience. Also, feel free to write any comments. *(All evaluations will be kept confidential and will not be shared with your supervisor unless <u>you</u> specify otherwise).*

| Student's Name Department Supervisor's Name | | Job Title | | | | |
|--|-------------------|--------------------------|---------------------------------|----------|----------------------|--|
| | | Dates Employed to | | | | |
| | | Student's E-mail Address | | | | |
| | STRONGLY AGREE | AGREE | NEITHER AGREE OR DISAGREE | DISAGREE | STRONGLY DISAGREE | |
| 1. The work I performed agreed with the nature of the work described to me when | | | | | | |
| I was hired. | COMMENT: _ | | | | | |
| 2. I was able to arrange my work schedule according to my supervisor's and my own needs. | | | | | | |
| | COMMENT: _ | | | | | |
| 3. My supervisor made his/her expectations clear regarding lateness, absences, work responsibilities, etc. | | | | | | |
| 4. My job performance was improved by constructive criticism offered by my supervisor. | | | | | | |
| 5. The responsibilities of my position were | | | | | | |
| clearly explained to me when I was hired. | COMMENT: _ | | | | | |
| 6. If I was ill or could not make it to work on time, my supervisor was flexible with me. | | | | | | |
| | COMMENT: _ | | | | | |
| 7. I felt that the work I performed was important to the proper functioning of the department I | | | | | | |
| worked for.8. During the time I was employed in this position, the job either improved my job skills and/or I learned new skills. | COMMENT: _ | | | | | |
| | COMMENT: | | | | | |
| 9. I found the job to be helpful to either my | | | | | | |
| educational and/or personal growth. | COMMENT: | | | | | |

| | STRONGLY AGREE | AGREE | NEITHER AGREE OR DISAGREE | DISAGREE | STRONGLY DISAGREE |
|---|-------------------|---------------|---------------------------------|------------|----------------------|
| 10. The job I held was challenging and not "just a job." | | | | | |
| | COMMENT: _ | | | | |
| 11. I feel my assistance was appreciated | | | | | |
| by my supervisor. | | | | | |
| | COMMENT: _ | | | | |
| 12. I would accept the same job in the | | | | . <u> </u> | |
| future if it were offered to me again. | COMMENT: _ | | | | |
| 13. If my Work Study allocation had been larger, I would have taken advantage of the additional funding by working more hours. | | | | | |
| 14. The Student Employment Coordinator and/or the Financial Aid Staff were helpful if/when I asked them questions regarding my employment. | | | | | |
| 15. The Work Study web site was helpful to me in obtaining my Work Study paperwork. | | | | | |
| | COMMENT: | | | | |
| 16. I got my job through the Work Study Job Fair.17. I prefer to download my Work Study hiring paperwork online so that I don't have to come into the Financial Aid Office at the beginning of a semester. | | | | | |
| | COMMENT: | | | | |
| | COMMENT: | | | | |
| 18. Please let us know if you have any suggestions that may improve any aspect of the Work Study program. | COMMENT: _ | | | | |
| | | | | | |
| | | | | | |
| Please provide my supervisor with a copy of th | is evaluation: (| circle one ar | nd initial) Yes | or No | |

Thank you for taking the time to complete the evaluation. The information you have provided will help us to ensure that we continue to maintain a positive work environment and experience for our SUNY New Paltz student workers.

Please return the completed evaluation form to: Student Employment Coordinator Office of Financial Aid, HAB 603