

**STUDENT EMPLOYMENT EVALUATION**  
**Federal Work-Study**

**STUDENT:** As a participant of the Work-Study program at CSUSB, you are **required** to complete an annual evaluation on your student employment experience. The purpose of this evaluation is to assess the Federal Work-Study Program and effectiveness of your experience during the 2013-2014 academic year. Through this process, we hope to offer a quality program and increase retention by identifying problems early. Please complete, sign and return the evaluation form to Student Employment by **Friday, May 16, 2014**. You may also fax this form to (909) 537-7024. Failure to submit your evaluation may prevent you from participating in the Work-Study program.

Place of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

**SECTION ONE:** Please rate your immediate supervisor in the following areas:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
	Unsatisfactory	Below Average	Average	Above Average	Outstanding		
			1	2	3	4	5
1. Training and instruction			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Available for questions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Scheduling and coordinating			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interpersonal skills			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work environment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall rating of supervisor			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any other comments you may have concerning your Work-Study experience or any suggestion to improve your work environment

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**SECTION TWO:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Was your work experience related to your academic major?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did your job provide you with a learning experience, career opportunities and/or job satisfaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did your Work-Study experience assist you with your living/educational expenses?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did your Work- Study participation reduce your reliance on student loans?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Would you return to this Work-Study position?  | <input type="checkbox"/> | <input type="checkbox"/> |

If not, where would you prefer to be placed?

- |   |             |       |
|---|-------------|-------|
| <input type="checkbox"/> On Campus      | Department: | _____ |
| <input type="checkbox"/> Off Campus     | Agency:     | _____ |
| <input type="checkbox"/> America Reads  | District:   | _____ |
| <input type="checkbox"/> America Counts | District:   | _____ |

\*Please note you will receive credit for submitting this form, but your name will remain confidential and will not be attached.

Student Name: \_\_\_\_\_ Coyote I.D.: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_