

WORK STUDY EVALUATION

Academic Year 2015-2016

Student: _____

Department: _____

Position: _____

Supervisor: _____

Rate the student's abilities on a scale from 1-5

1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Superior

1. Arriving to work on time	1	2	3	4	5
2. Arriving to work dressed appropriately	1	2	3	4	5
3. Following directions	1	2	3	4	5
4. Completing tasks in a timely manner	1	2	3	4	5
5. Quality of completed work	1	2	3	4	5
6. Ability to take and utilize suggestions	1	2	3	4	5
7. Professional attitude	1	2	3	4	5
8. Staying on task during work hours	1	2	3	4	5
9. Ability to take initiative	1	2	3	4	5
10. Respecting hourly requirements (3-20 hrs/wk)	1	2	3	4	5

If eligible, do you want the student to return to the same position for 2016-2017?

Yes

No

Comments:

Supervisor Signature

Date

STUDENT: I have participated in this evaluation and:

____ **I AGREE** with the evaluation

____ **I DISAGREE** with the evaluation (please provide comments on back of form)

Student Signature

Date