



University of Arkansas
Federal Work-Study Student Employee
Evaluation Form

Federal Work-Study Coordinators
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Student Employee's Name:	Department/Job Location:
Supervisor's Name:	Dates Employed: Start ____/____/____ End ____/____/____

A: List the principal functions or duties of the student and rate accordingly				
Principal Functions (Please fill in student worker job duties)	Superior	Commendable	Satisfactory	Unsatisfactory

B: Additional Work-Related Factors				
	Superior	Commendable	Satisfactory	Unsatisfactory
Attendance / Promptness / Dependability				
Initiative				
Receptivity to Suggestions of Supervisor				
Ability to Work Autonomously				
Other: _____				

C: Overall Evaluation				
Circle one overall rating	Superior	Commendable	Satisfactory	Unsatisfactory
Would you consider rehiring this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments: _____				

Certification Statement: "I have reviewed and understand the Student Employee Evaluation."	
Student Employee's Signature _____	Date _____
Supervisor's Signature _____	Date _____