PERFORMANCE EVALUATION
FEDERAL AND UNIVERSITY WORK-STUDY

Student Name ___________________________  Student ID ________________

Position Type: please circle one  FWS  UWS  GA

Type of Evaluation: _______ Annual  _______90-day  Other _________

Please evaluate each student employee for each criterion shown below. The immediate supervisor should evaluate the student objectively comparing him or her with students of the same academic level and/or with other personnel assigned to identical or similar jobs. If criterion does not apply or if you do not have sufficient information, please indicate N for no evaluation.

E- Excellent  VG- Very Good  G- Good  F- Fair  P- Poor  N- No Evaluation

(   ) Dependability/ Reliability- Meets work schedule and fulfills job responsibilities. Consistently delivers what is required within deadline and instructions.

(   ) Initiative- Starts assignments without prompting and independently contributes ideas/projects. Sees and acts upon new opportunities.

(   ) Attitude- Displays a positive attitude towards goals and objectives of department. Works well with others to accomplish goals.

(   ) Interpersonal Skills- Ability to establish and maintain good working relationships with others.

(   ) Overall Performance- Works with minimal supervision, manages own time. Effectively, maintains control of all projects and responsibilities.

Would you recommend this student for rehire? (   ) Yes (   ) No

Comments: ____________________________________________________________

I allow my “Work Record” information to be released to on or off campus employers, if requested. Student’s Signature _______________________ Date ______________

My supervisor has discussed the above work record evaluation with me. I have been given an opportunity to express any concerns regarding my work-study position.

Student’s Signature ___________________________  Date ______________

Supervisor’s Signature ________________________  Date ______________

Career Planning and Development _______________  Date ______________