

**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** _____