

**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

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**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