



DARE TO DO MORE

Office of Student Financial Services  
Federal Work-Study Program

### Performance Evaluation Form

Name of Student: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Job Title/Classification: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

	Excellent	Above Average	Satisfactory	Un-Satisfactory
<b>Quality of Work</b> -Consider accuracy & neatness				
<b>Quantity of Work</b> -Consider volume of work produced				
<b>Cooperation</b> -Consider interaction with staff				
<b>Punctuality</b> -Consider attendance				
<b>Dependability</b> -Consider amount of supervision required				
<b>Ability to Learn</b> - Consider ability to understand and retain info.				
<b>Initiative</b> - Consider originality & resourcefulness				
<b>Communication</b> - Consider written & verbal communication				
<b>Growth</b> - Consider improvement				

<b>Attitude-</b> Consider ability to accept supervision				
<b>Objectivity to Criticism-</b> Consider ability to accept criticism				

**Overall Rating:**

- Unsatisfactory   
 Needs Improvement   
 Satisfactory   
 Surpassed Expectation

1. Do you expect student to return to your department for the up-coming semester?
2. Would you like student to return to your department?

Comments:

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Supervisor's Signature \_\_\_\_\_

Date\_\_\_\_\_

This evaluation should be discussed with the student.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_