**STUDENT WORK EVALUATION**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Position Title:** |  |
| **Supervisor:** |  |
| **Term:** | Summer  Fall  Spring |
| **Year:** |  |

**Student Section:** (to be completed by the student worker named above)

|  |  |
| --- | --- |
| Major Job Objective: |  |
| Would you make any changes to improve work experience? Please explain you answer. | |
|  |  |
| What skills did you use most in this job? | |
|  |  |
| What is/are your responsibility/responsibilities in this job? | |
|  |  |
| Other Comments: | |
|  |  |

Rating Scale:

1.Very Satisfied/Strongly Agree; 2. Satisfied/Agree; 3. Dissatisfied/Strongly Disagree

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. How satisfied are you with this job? | | |  | |
|  | 1.  2.  3. | Comments: | |  |
| 1. How would you rate this work environment? (i.e. supervisor co-workers, facilities) | | | | |
|  | 1.  2.  3. | Comments: | |  |
| 1. Did this work experience prepare you for your future employment outside of school? | | | | |
|  | 1.  2.  3. | Comments: | |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee’s Signature* |  | *Date* |

**Supervisor Section:** (**To be filled out by the supervisor in regards to the student’s work performance**)

Rating Scale:

1. Outstanding; 2. Very Satisfactory; 3. Satisfactory; 4. Needs Improvement; 5. Unsatisfactory

Please check the appropriate score.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Professionalism (i.e. Attitude, Proficient, Maintained Highest Level of Excellence) | | | | |
|  | 1.  2.  3.  4.  5. | | Comments: |  |
| 1. Initiative (i.e. Does Work on his/her Own) | | | | |
|  | 1.  2.  3.  4.  5. | | Comments: |  |
| 1. Reliable (i.e. Responsible, Dependable) | | | | |
|  | 1.  2.  3.  4.  5. | | Comments: |  |
| 1. Productivity (i.e. Quality of Work) | | | | |
|  | 1.  2.  3.  4.  5. | | Comments: |  |
| 1. Efficiency (i.e. Punctual, Accurate) | | | | |
|  | 1.  2.  3.  4.  5. | | Comments: |  |
| 1. Cooperative (Works Well With Others) | | | | |
|  | 1.  2.  3.  4.  5. | | Comments: |  |
| General Comments: | |  | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Supervisor and/or Department Head’s Signature* |  | *Date* |
|  |  |  |
| *Student’s Signature* |  | *Date* |

*My signature indicates that I have discussed this evaluation with my supervisor. Students who disagree with this evaluation should contact Student Employment.*