**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: |       |

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| --- | --- | --- |
|  |  |  |
| *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.*