STUDENT ASSISTANT/COLLEGE WORK-STUDY EVALUATION

Student Name: ___________________________________________ Student ID: ____________________

Assignment Start Date: ___________________________ Rate of Pay: __________________________

Evaluation Period: From: ___________________________ To: __________________________

Relations with Others:

______ Exceptionally Well Accepted
______ Works Well with Others
______ Satisfactory
______ Difficulty Working with Others

Attitude:

______ Outstanding
______ Very Interested
______ Some Interest
______ Indifferent

Need for Supervision

______ Almost None
______ Less Than Average
______ Average
______ Constant

Judgment:

______ Exceptionally Mature
______ Above Average
______ Usually Makes Right Decision
______ Uses Poor Judgment

Dependability:

______ Completely Dependable
______ Above Average
______ Acceptable
______ Unreliable

Attendance/Punctuality:

______ Regular
______ Irregular

Ability to learn:

______ Learns Very Quickly
______ Learns Readily
______ Average
______ Unsatisfactory

Quality of work:

______ Excellent
______ Very good
______ Average
______ Poor

Quantity of work:

______ Excellent
______ Very good
______ Average
______ Poor

Supervisor’s Comments: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Overall Rating

<table>
<thead>
<tr>
<th>Outstanding</th>
<th>Average Plus</th>
<th>Average</th>
<th>Average Minus</th>
<th>Unsatisfactory</th>
</tr>
</thead>
</table>

I acknowledge that I have seen this evaluation and have been apprised of my performance and my right to make a statement. My signature does not necessarily mean I agree with the rating.

Student Signature: ___________________________ Date: __________________________

Statement: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Supervisor’s Signature: ___________________________ Date: __________________________

Department: ________________________________________________________________

Revised: 09/09