

Instructions: Please complete this form and return it to the Financial Aid Office.

If this is a yearly evaluation please complete and turn in by **April 7**. If this is part of a termination/transfer please also include the Termination/Transfer Form.

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

This form is in reference to the work performed by the student during the (please select one):

☐ Fall semester
 ☐ Spring semester
 ☐ Complete academic year

Reason this form is being filled out (please select one):

☐ Yearly evaluation
 ☐ Student is transferring to another job
 ☐ Student is being terminated

Indicate which answer best corresponds with each statement (please mark one response each)

	Unsatisfactory	Needs improvement	Satisfactory	Above average	Outstanding
<b>Quality of Work</b> Accurate and thorough in job duties					
<b>Quantity of work</b> Amount of work assignments completed					
<b>Use of Time</b> Effective and efficient to accomplish work tasks					
<b>Initiative</b> Ability to initiate work with minimum supervision					
<b>Interpersonal Relations</b> Effectiveness in working with supervisors and peers					
<b>Dependability</b> Reliable in performing work with minimum supervision					
<b>Attendance and Punctuality</b> Reports to work regularly and on time					
<b>Perseverance</b> Determination to complete responsibilities of the position					

### Supervisor's Verification of Review:

I have spoken to the work-study employee about his/her job responsibilities. I have discussed the contents of this review with the employee.

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

Date \_\_\_\_\_