

Lees-McRae College

WORK-STUDY STUDENT EVALUATION

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 the end of spring semester. 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 mark one):

Fall Semester Spring Semester Complete Academic Year

Reason this form is being filled out (please mark 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
Quality of Work (accurate and thorough in job duties)					
Quantity of Work (amount of work assignments completed)					
Use of Time (effective and efficient to accomplish work tasks)					
Initiative (ability to initiate work with minimum supervision)					
Interpersonal Relations (effectiveness in working with supervisors and peers)					
Dependability (reliable in performing work with minimum supervision)					
Attendance & Punctuality (reports to work regularly, and on time)					
Perseverance (determination to complete responsibilities of the position)					

For Continuing Students: (mark one) If this student is eligible for work-study again next year, would you rehire? Yes No

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 _____

Student's Signature _____ Date _____