



Student Worker Evaluation Form 2024-2025 Academic Year

Please complete and submit this evaluation form for each student participating in the Federal Work Study Program. This form will be required once employment has ended and at the end of the Academic Year (by May 31st).

Student

Name: _____ **CWID:** _____

Supervisor

Name: _____ **Department/
Placement:** _____

	Excellent	Very Good	Average	Below Average	Poor	Comments
Motivation/Enthusiasm						
Ability to work with others						
Attendance/Punctuality						
Interpersonal Skills						
Quality of Work						
Maturity						
Ability to Accept Criticism						
Attitude Toward Work						
Initiative/Independent Work						
Appropriate Appearance						
Adherence to Policies & Procedures						

What new skills were acquired? _____

What are areas for improvement? _____

Would you hire this student again
or recommend for hire elsewhere? YES / NO

Would you recommend this
student for a raise? YES / NO

**Supervisor's
Signature** _____

**Student's
Signature** _____