

Performance Review Form for Work Study Students

Student Name (Print): _____ Department _____

1=unsatisfactory 2=needs improvement 3=satisfactory
 4=good 5=excellent

1. Attendance (Absences) Comments:	1 2 3 4 5
2. Punctuality Comments:	1 2 3 4 5
3. Interpersonal Skills Comments:	1 2 3 4 5
4. Initiative Comments:	1 2 3 4 5
5. Team Player Comments:	1 2 3 4 5
6. Quality of Work Comments:	1 2 3 4 5
7. Follows Departmental Policies & Procedures Comments:	1 2 3 4 5
Supervisor's Comments 	

Supervisor Name (Print): _____

Supervisor Signature: _____ Date: _____

Do you want the student to return: _____ Yes _____ No