

**STUDENT PERFORMANCE EVALUATION
 Federal Work-Study**

SUPERVISOR: As a participant of the Work-Study program at CSUSB, you are **required** to complete an annual evaluation. In order to evaluate the performance of your student worker, please complete this evaluation form on your student for the 2010-2011 academic year. This evaluation will allow the Student Employment Office to assess your student's performance and determine continued eligibility to participate in the Work-Study program. Please complete, sign and return the evaluation form to the Student Employment Office by **Tuesday, May 31, 2011**. You may also fax this form to Student Employment at (909) 537-7024. Failure to submit your student's evaluation may prevent you from participating in the Work-Study program. If your student is no longer employed, please notify Student Employment immediately by completing the Work-Study Change/Termination Form on our website at: <http://finaid.csusb.edu> located under Applications & Forms.

Student's Name: _____ Coyote ID: _____

Department/Agency: _____ Supervisor: _____

Student's Job Title: _____

Employment Dates: From _____ To _____

SECTION ONE: Please rate your student in the following areas on a scale of 1-5.

	1	2	3	4	5
Does not meet minimum standard of performance; no progress		Does not meet the minimum standard of performance, but employee has been counseled and showing improvement	Meets standards	Meets standards and continues to show improvement	Exceeds standards and continues to achieve outstanding results
A. Quality of Work: Thoroughness, accuracy, attention to detail, job skills and knowledge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	1	2	3	4	5
B. Dependability: Attendance, punctuality, and ability to work with limited supervision, meets deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Employee Relations: Ability to work with others, flexibility, accept responsibility, direction and change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Initiative: The ability to originate or follow through with a plan of action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Overall Performance Rating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Please describe the employee's strengths and list other areas in which the employee excelled. Also describe how the student's job performance could improve

Student Signature: _____ Date: _____

I certify that this evaluation has been discussed with me. My signature does not necessarily indicate that I agree with the evaluation.

Supervisor Signature: _____ Date: _____

Title: _____

This evaluation represents my assessment of the Work Study Student's performance based upon my observation and review of the student's work.