MORGAN STATE UNIVERSITY

FEDERAL WORK STUDY PROGRAM ~STUDENT EMPLOYEE EVALUATION FORM

Please evaluate the student worker in all of the following areas listed below. This evaluation will become a part of the student's employment file. Please circle the best indicator that most accurately represents the rating in each category.

STUDENT'S NAME:	POSITION TITLE:							
DEPARTMENT/AGENCY:		SUPERVISOR			PERIOD CO	PERIOD COVERED: (CIRCLE ONE)		
					FALL	SPRING	SUMMER	
RATING KEY	1 - outstanding	2 - above average	3 - average		4 - below average	5-needs improvement		
KNOWLEDGE								
1) Understanding of procedures and techniques			1	2	3	4	5	
2) Ability to follow instructions			1	2	3	4	5	
QUALITY OF W	ORK							
,	work accurately & t		1	2	3	4	5	
2) Achievement of goals in the assigned work			1	2	3	4	5	
UTILIZATION C								
1) Planning & organizing of assigned work			1	2	3	4	5	
ATTITUDE								
1) Interest & enthusiasm			1	2	3	4	5	
2) Effort	_		1	2	3	4	5	
3) Receptiveness to criticism			1	2	3	4	5	
DEPENDABILITY								
1) Following through on assignments			1	2	3	4	5	
2) Timeliness in completing assignments			1	2	3	4	5	
INITIATIVE								
1) Originates ideas			1	2	3	4	5	
2) Ability to anticipate what needs to be done			1	2	3	4	5	
JUDGEMENT					,			
1) Ability to analyze a problem, develop			1	2	3	4	5	
alternatives, and arrive at a logical decision						*	<u> </u>	
COMMUNICATI					1			
1) Ability to communicate effectively (ly (written &	1	2	3	4	5	
verbal)								
COOPERATION	7		1 0	4	_			
1) Interaction w	•	1 1 1 00	1	2	3	4	5	
2) Interaction with supervisor(s) and other staff			1	2	3	4	5	
OVERALL RATI		, ,1 11			1			
,	all of the criteria, ra	ite the overall	1	2	3	4	5	
work of this employee ADDITIONAL COMMENTS								
ADDITIONAL O	OMMENIS							
AUTHORIZED S	SIGNATURES							
By signing this evaluation	on, both parties (supervisor the employee agrees with		ave reviewed and	l discussed th	e employee's perf	ormance. It d	oes not	
Supervisor's Signature					Date			
Student's Signature				Date				