

WORK-STUDY EVALUATION

STUDENT'S NAME: _____

SUPERVISOR'S NAME: _____

JOB ASSIGNMENT: _____

PUNCTULIATY (Meeting assigned times of work)

LATE OR	LATE OR MISSES	SATISFACTORY	EXCELLENT
MISSES OFTEN	OCCASIONALLY		

0 1 2 3 4 5 6 7 8 9 10

DEPENDABILITY (Completion of assigned work and duties)

REQUIRES CLOSE	SATISFACTORY	SELDOM NEEDS	HIGHLY RELIABLE
SUPERVISION	CHECKING		

0 1 2 3 4 5 6 7 8 9 10

INITIATIVE (Motivation)

INDIFFERENT	NEEDS PUSHING	ADEQUATE	ABOVE AVERAGE	HIGH MOTIVATED
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0 1 2 3 4 5 6 7 8 9 10

PERSONALITY (Courtesy and general impression given others)

VERY POOR	INDIFFERENT	SATISFACTORY	GOOD	EXCELLENT
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0	1	2	3	4	5	6	7	8	9	10
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QUALITY OF PERFORMANCE (Accuracy, neatness, thoroughness)

INFERIOR	CARELESS	SATISFACTORY	GOOD	EXCELLENT
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0	1	2	3	4	5	6	7	8	9	10
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QUANTITY OF WORK (Volume, speed)

SLOW	INSUFFICIENT	AVERAGE	RAPID	VERY
PRODUCTIVE				

0	1	2	3	4	5	6	7	8	9	10
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COMMENTS:

NOTE TO STUDENT: If you disagree with any part of the evaluation, please indicate the item on the back and give reasons why.

This evaluation or any part thereof will not be released without prior written approval of the individual for each instance. The student has been reviewed the evaluation.

Evaluator's Signature

Student's Signature