

BRISTOL COMMUNITY COLLEGE
Federal Work Study/Student Employment Programs
STUDENT EMPLOYEE EVALUATION

RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE

Student Name _____

Supervisor Name _____

Type of Work Performed _____

Please evaluate this employee by circling the appropriate code:

A	B	C	D	E	N
<i>Outstanding</i>	<i>Above average</i>	<i>Average</i>	<i>Needs improvement</i>	<i>Unsatisfactory</i>	<i>Not applicable</i>

Job Knowledge

Understands procedures	.	.	.	.	A	B	C	D	E	N
Ability to follow instructions	.	.	.	.	A	B	C	D	E	N

Initiative

Originates ideas	.	.	.	.	A	B	C	D	E	N
Anticipates what needs to be done	.	.	.	.	A	B	C	D	E	N

Quality of Work

Works accurately and thoroughly	.	.	.	.	A	B	C	D	E	N
Achieves goals at work	.	.	.	.	A	B	C	D	E	N

Judgment

Ability to analyze a problem, develop alternatives, and arrive at a logical decision	A	B	C	D	E	N
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Utilization of Time

Planning and organizing.	A	B	C	D	E	N
Ability to prioritize	A	B	C	D	E	N
Ability to meet deadlines	.	.	.	.	A	B	C	D	E	N

Cooperation

Interaction with peers	.	.	.	.	A	B	C	D	E	N
Interaction with supervisor	.	.	.	.	A	B	C	D	E	N

Attitude

Interest and enthusiasm.	.	.	.	.	A	B	C	D	E	N
Effort	.	.	.	.	A	B	C	D	E	N
Receptive to criticism	.	.	.	.	A	B	C	D	E	N

Communication

Ability to communicate effectively - written	.	.	.	.	A	B	C	D	E	N
Ability to communicate effectively - verbal	.	.	.	.	A	B	C	D	E	N

Dependability

Follows through on assignments	.	.	.	.	A	B	C	D	E	N
Informs supervisor of significant matters	A	B	C	D	E	N

Attendance

Arrives when scheduled.	A	B	C	D	E	N
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Supervisor's Signature _____ **Date** _____

OPTIONAL: I have reviewed this evaluation.

Student's Signature _____ Date _____