

**COLLEGE WORKSTUDY
EVALUATION FORM**

SUPERVISOR MUST COMPLETE AT THE END OF EACH SEMESTER

Student's Name: _____

Supervisor: _____

Place of Employment: _____

Semester Report for: Fall _____ Spring _____

Please rate your student(s) in the following areas:

Work Performance: Excellent ____ Good ____ Average ____ Unsatisfactory ____

Adherence to agreed work schedule: Good ____ Average ____ Unsatisfactory ____

Would you employ this student again? Yes ____ No ____

If No please explain:

Comments:

Student's Signature: _____ Date _____

Supervisor's Signature: _____ Date _____