FEDERAL WORK-STUDY SELF-EVALUATION

TERM: ☐ FALL ☐ SPRING ☐ SUMMER  YEAR: ___________

Please Print

Student Name: ___________________________ Supervisor: ___________________________

Student ID #:A0 Supervisor’s Email Address: ___________________________

Office/Department Working In: ___________________________ Supervisor’s Work Phone: ___________________________

Please evaluate the student according to the following criteria, offering additional comments where appropriate:

1 = Unsatisfactory Did not meet expectations
2 = Below Average Meets some expectations but needs improvement
3 = Satisfactory Meets expectations, but does not exceed them
4 = Very Good Exhibits above average performance
5 = Exceptional Exhibits superior performance

1 2 3 4 5 Experience Gained: What did you learn from your FWS performance? Did you meet your own expectations?
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1 2 3 4 5 Utilization of Skills: How can you use the knowledge that you learned in your everyday life experiences? Did this new knowledge give you new perspective on your career goal?
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1 2 3 4 5 Memorable Experience: What can you take away from your FWS experience and share with others?
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Work Study Employee’s Signature ___________________________ Student ID# ___________________________ Date __________

Revised: October 7, 2022