|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student Worker |  | Date |  |
|  |  | | |
| Place of assignment |  | | |
|  |  | | |
| Immediate Supervisor |  | | |
|  |  | | |
| Academic Year / Semester |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUALITY OF WORK:** | | | **COOPERATION:** | | |
|  | | | | | |
|  | High Quality | |  | Cooperative | |
|  | Usually meets quality standards | |  | Shows little interest | |
|  | Improvement needed | |  | Uncooperative | |
| **INITIATIVE:** | | | **QUANTITY OF WORK:** | | |
|  | | | | | |
|  | Very Industrious | |  | Regularly meets requirements | |
|  | Conscientious | |  | Fair results | |
|  | No initiative | |  | Improvement needed | |
| **ATTENDANCE:** | | | | | |
|  | | | | | |
|  | Excellent | | | | |
|  | Rarely misses work | | | | |
|  | Often misses work with / without contacting supervisor | | | | |
|  | Chronic absenteeism | | | | |
| Would you want this student to be reassigned to you next semester? Yes  No | | | | | |
|  | | | | | |
| Comments: | | | | | |
| Supervisor’s signature | |  | | Date |  |
|  | | | | | |
| Student’s signature | |  | | Date |  |