|  |  |  |  |
| --- | --- | --- | --- |
| 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 |       |