

**SOUTHEASTERN COMMUNITY COLLEGE
FEDERAL WORK STUDY
STUDENT EVALUATION FORM**

*Supervisor should complete the evaluation prior to the end of each semester.
Once completed, return the form to the Financial Aid office. Retain a copy for your files.*

Section 1: Student and Department Information

Student Name	SCC Student ID
Department	Supervisor Name

Section 2: Employee Evaluation

Evaluate the student employee according to the following criteria and then discuss the evaluation with the student. Both supervisor and employee should sign this form as indicated in Section 3.

FOR ACADEMIC SEMESTER _____

Please check the appropriate rating below

CRITERIA	Excellent	Good	Fair	Poor
Quality of Work				
Quantity of Work				
Reliability				
Attitude towards Others				
Cooperation				
Initiative				
Overall Rating				

Comments: _____

**Section 3: Signatures – Both supervisor and employee should sign where indicated.
If the student is not available for signature, please indicate.**

Supervisor Name	Date
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Student Authorization: My Supervisor has discussed this evaluation with me and I have reviewed it. I authorized the release of information on this evaluation to future employers.

Student Name	Date
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