LaGuardia Community College – Student Financial Services (SFS)
FEDERAL WORK-STUDY

Performance Evaluation Form

Name of Student:_____

Department/Agency: _____

Job Title/Classification: _____

Start Date _____ End Date _____

	Excellent	Above Average	Satisfactory	Un-Satisfactory
Quality of Work-Consider accuracy & neatness				
Quantity of Work-Consider volume of work produced				
Cooperation-Consider interaction with staff				
Punctuality-Consider attendance				
Dependability-Consider amount of supervision required				
Ability to Learn- Consider ability to understand and retain info.				
Initiative- Consider originality & resourcefulness				
Growth- Consider improvement				
Attitude- Consider ability to accept supervision				
Objectivity to Criticism- Consider ability to accept criticism				

Overall Rating:

☐ Unsatisfactory ☐ Needs Improvement ☐ Satisfactory ☐ Surpassed Expectation

1. Do you expect student to return to your department for the up-coming semester?
2. Would you like student to return to your department?
3. Would you consider hiring this student as a full-time employee for Co-op internship?

Comments:

_____

_____

_____

Supervisor's Signature _____ Date_____

This evaluation should be discussed with the student.

Student's Signature _____ Date _____