



THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER™

Federal Work Study Evaluation Form

Student's Name: _____ ID#: _____
Supervisor's Name: _____ Department: _____

Directions: Check the box that best corresponds with each statement below.

		Unsatisfactory	Needs Improvement	Satisfactory	Above Average	Outstanding
Quality of Work	Accurate and thorough in job duties					
Job Knowledge	Understands procedures required in job					
Adaptability	Ability to alter activities, plans, etc. to accommodate change					
Initiative	Ability to initiate work with minimum supervision					
Dependability	Reliable in performing work with minimum supervision					
Attendance	Reports to work regularly					
Punctuality	Reports to work on time					

Areas in need of improvement (if any):

Supervisor's Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____