

**UNIVERSITY OF KENTUCKY  
FEDERAL WORK STUDY  
STUDENT EVALUATION FORM**

*Complete the following annual evaluation. Return the original copy to the **Federal Work Study Office in Room 128 Funkhouser Building 0054**. Retain a copy for your files.*

**Section 1: Student and Department Information**

Student Name	Social Security Number
Department	Supervisor Name

**Section 2: Employee Evaluation**

*Evaluate the student employee according the following criteria and then discuss the evaluation with the student. Lines are provided for any additional comments you may wish to make. Both supervisor and employee should sign this form as indicated in Section 3. If the student was not under your employment long enough to evaluate then indicate this under the comment section.*

FOR ACADEMIC YEAR \_\_\_\_\_

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

Comments:

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

Supervisor Signature	Date
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*Student Authorization: My employer has discussed this evaluation with me and I have reviewed it. I authorize the release of information on this evaluation to potential future employers*

Student Signature	Date
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