



Office of Financial Aid & Scholarships
 Cal Poly Pomona
 3801 W. Temple Ave.
 Pomona, CA 91768
 (909) 869-4757 (FAX)

Federal Work-Study Evaluation

Student's Name: _____

Job Title: _____

Department: _____

Date: _____

Supervisor: _____

Performance criteria (Please check the appropriate column)	S u p e r i o r	A v e r a g e	P o o r	N o t A p p l.	Comments
1. Quality of work					
2. Responsible					
3. Work Organization					
4. Knowledge of job					
5. Relationship with fellow workers					
6. Initiative					
7. Dependability					
8. Punctual/observation of work hours					
Overall Performance					

This evaluation represents my best assessment of the student employee's performance based upon my observation and review of employee's work.

 Supervisor's Name (Print) Supervisor's Signature Date

 Employee's Name (Print) Employee's Signature Date