

**Student Financial Services**

*Financial Aid*

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**FEDERAL WORK STUDY STUDENT EMPLOYEE EVALUATION REPORT**

Student Name \_\_\_\_\_ "L" Number \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Position Number \_\_\_\_\_

Date of Hire \_\_\_\_\_ Current Hourly Rate \$ \_\_\_\_\_

**Using the rating system below, please mark appropriate boxes to evaluate your student employee.** Not all evaluation criteria apply to every work study position. If an evaluation factor cannot be rated objectively, mark the NE (No Evaluation) box.

1 - Outstanding    2 - Above Average    3 - Average    4 - Below Average    NE - No Evaluation

<b>EVALUATION CRITERIA</b>	<b>EVALUATE HOW WELL YOUR STUDENT EMPLOYEE MEETS THESE EVALUATION CRITERIA</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NE</b>
<b>QUALITY OF WORK</b>	Ability to do satisfactory work following specified procedures					
<b>QUANTITY OF WORK</b>	Ability to complete a satisfactory amount of work within the time allowed while meeting specified standards					
<b>COMPREHENSION</b>	Knowledge of job, including job procedures.					
<b>RELIABILITY</b>	Commitment to completing tasks conscientiously					
<b>ATTITUDE TOWARD WORK</b>	Enthusiasm and willingness to perform job tasks.					
<b>JUDGMENT</b>	Ability to make sound decisions					
<b>DEPENDABILITY</b>	Punctuality and reliability in attendance.					
<b>PROFESSIONALISM</b>	Ability to conduct self in a dignified, businesslike manner					
<b>COOPERATION</b>	Ability to work harmoniously with others					
<b>INITIATIVE</b>	Interest in assuming added responsibilities					
<b>POTENTIAL</b>	Ability to improve within the job situation					
<b>LEADERSHIP</b>	Ability to understand and direct others					
<b>PERSONAL APPEARANCE</b>	Outward impression of student employee					
<b>OVERALL EVALUATION</b>	Overall performance of student employee					

**GENERAL COMMENTS:** A narrative is required if a student employee's Overall Evaluation is Outstanding (1) or Below Average (4).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wage Increase Recommended   
 (Check Box)

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

FINANCIAL AID OFFICE USE ONLY  
 REVISED 9/19/07

Approved    New Hourly Rate \$ \_\_\_\_\_    Beginning Date \_\_\_\_\_  
 Denied    FWS Advisor \_\_\_\_\_    Approval Date \_\_\_\_\_