Student's Signature

Student's Full Name

Supervisor's Name

Supervisor's Signature Student's Response/Comments

Supervisor's Comments

2 3 4 5(Listens carefully to instruction 1()2 4(Maintains positive, helpful attitude 1 3() 5(2 3 4 5 Neat appearance/appropriate attire 1 Would you re-employ this student through the FWS program? Yes \bigcirc No \bigcirc

Department Date 1 = Needs Improvement 3 = Satisfactory 5 = Excellent 2 3() 4 Adheres to set schedule 1()5(Arrives at work on time 12() 3() 4 5(2 3() 4 5 Contacts supervisor if running late or unable to work $1 \bigcirc$ 2() 3() 5 Pays attention to details 14() 2 3() 4 5 Notices what needs to be done and does it without being asked 1()

Federal Work-Study Student Employee Evaluation

Instructions: This form is to be completed by the supervisor and discussed with the student. A copy should be given to the student and the original sent by the liaison to the Office of Student Financial Aid. For each category below circle the number that best describes the student's work habits and performance

81 Student's UGA ID Number Liaison's Name

Office of Student Financial Aid

www.uga.edu/osfa

Form FWS111

Return Completed Form To: Office of Student Financial Aid 220 Holmes/Hunter Academic Building Athens, Georgia 30602-6114 Fax: (706) 542-8217

Date

Date