



**Office of Scholarships & Financial Aid**  
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## Federal Work Study Program Student Assessment

Student:	ID#	Department:
Supervisor's Name:	Phone Number:	

Please select the appropriate response that represents your assessment of the student's performance within your organization. Supervisors are encouraged, but not required, to review the assessment with the student employee.

1. Please assess the following skills and knowledge in relation to the service performed by this student

Skills and Knowledge	Importance to the Position				Level of Student's Ability			
	Low	Med	High	N/A	Low	Med	High	N/A
Writing clearly and effectively	1	2	3		1	2	3	
Speaking clearly and effectively	1	2	3		1	2	3	
Working as part of a team	1	2	3		1	2	3	
Working effectively with diverse groups	1	2	3		1	2	3	
Trying different approaches for problem-solving	1	2	3		1	2	3	
Multi-tasking	1	2	3		1	2	3	
Making appropriate work –related decisions	1	2	3		1	2	3	
Originating new ideas	1	2	3		1	2	3	
Using appropriate computer applications	1	2	3		1	2	3	
Learning independently	1	2	3		1	2	3	
Thinking analytically	1	2	3		1	2	3	

2. How long have you supervised this student? \_\_\_\_\_ years    \_\_\_\_\_ months
3. To what extent does this student possess characteristics you would expect from a college student?  
 \_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Does not meet expectations
4. Please rate the student's attendance record and punctuality?  
 \_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Does not meet expectations
5. Overall, how would you rate this student's performance?  
 \_\_\_ Exceeds expectations    \_\_\_ Meets expectations    \_\_\_ Does not meet expectations
6. In the near future, do you plan to hire him/her as a member of your organization? Yes \_\_\_ No \_\_\_

Comments?

Supervisor's Signature	Title	Date
Student's Signature (optional)	Date	

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