

Please complete the following *Student Employment Program Evaluation* and return it to Human Resources in Burnham Hall 107. All information included in this evaluation will be kept confidential.

STUDENT EMPLOYMENT PROGRAM EVALUATION

_____ - _____ **Academic Year**

The following criteria are important for a successful student employment program. Please rate how your work assignment corresponds to the following statements and make suggestions to improve the program.

Rating Scale

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

	Rating	Comments
My work assignments enabled me to learn new job skills.		
My work schedule was flexible to meet my academic needs.		
My hours were accurately reviewed and reported, allowing me to submit them to payroll on time.		
My supervisor does not hesitate to take proper disciplinary action when students are not meeting expectations (e.g. meeting with students, discussing problems, taking action if necessary).		
My supervisor has instilled a sense of ownership and leadership that has enabled me to act independently within my position.		
My supervisor has provided me with the training and resources necessary to do my job effectively.		
My supervisor has given me a sense of purpose that has inspired commitment to my job.		
My supervisor encouraged my involvement and contributions to the department.		
My supervisor conducted regular feedback sessions and timely review of my work/job performance.		
My supervisor recognized and rewarded high performance.		
My supervisor understands the value of diversity in the work place.		

I was awarded a federal work study award as part of my financial aid package. (Circle one)

True False I don't know

My supervisor allowed me to attend one or more of the student staff professional development sessions "on the clock". (This includes Student Staff Basic Training or any of the events held for National Student Employment Week).

True False

Additional Comments:

Student Signature (optional) _____ **Date** _____ **Position** _____

Department _____

Supervisor Name _____