

# FWS/ASSP/CSLP PERFORMANCE EVALUATION FORM

Return this completed form to the Financial Aid Office

**Student's Name:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

Check the appropriate block

**EFFECTIVENESS CHECKLIST**

Fails to Meet  
Expectations

Meets  
Expectations

Consistently  
Exceeds  
Expectations

|   | Fails to Meet<br>Expectations | Meets<br>Expectations | Consistently<br>Exceeds<br>Expectations |
|---|-------------------------------|-----------------------|---|
| <u>Is Punctual</u>  |                               |                       |   |
| <u>Gives timely notification of absences</u>  |                               |                       |   |
| <u>Completes job assignment</u>   |                               |                       |   |
| <u>Displays initiative (self-starter, does work on his/her own)</u>                   |                               |                       |   |
| <u>Is a dependable worker</u>   |                               |                       |   |
| <u>Uses time wisely</u>   |                               |                       |   |
| <u>Cooperates well with co-workers</u>  |                               |                       |   |
| <u>Is not wasteful, takes care of equipment</u>                                       |                               |                       |   |
| <u>Is respectful to those being served</u>  |                               |                       |   |
| <u>Uses effective communication skills</u>  |                               |                       |   |
| <u>Complies with department rules (procedures, dress code, confidentiality, etc.)</u> |                               |                       |   |
| <u>Applies organizational skills</u>  |                               |                       |   |

**EFFECTIVENESS IMPROVEMENT CHECKLIST**

|  |  |  |  |
|--|--|--|--|
| <u>Shows interest in improving effectiveness</u> |  |  |  |
| <u>Finds new approaches to completing work</u>   |  |  |  |
| <u>Continually improves on job skills</u>        |  |  |  |

**Supervisor's comments and summary:**

(Please note that remarks about needing improvement are not necessarily a negative. Efforts to improve, which are encouraged, require feedback about goals to seek.)

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

Student's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

My signature indicates that I have discussed this evaluation with my supervisor.

\*If student is no longer with the department, please complete the evaluation and write "no longer in department" on Student Signature line.