



University of Arkansas
 Federal Work-Study Student
 2430
 Self-Evaluation Form

Federal Work-Study Coordinator
 Erin Wooldridge: ewooldri@uark.edu / 479-575-

Student Employee's Name:	Department/Job Location:
Supervisor's Name:	Dates Employed: Start ___/___/___ End ___/___/___

A: List the principal functions or duties of the student and rate accordingly				
Principal Functions (Please fill in student worker job duties)	Superior	Commendable	Satisfactory	Unsatisfactory

B: Additional Work-Related Factors				
	Superior	Commendable	Satisfactory	Unsatisfactory
Attendance / Promptness / Dependability				
Initiative				
Receptivity to Suggestions of Supervisor				
Ability to Work Autonomously				
Other: _____				

C: Overall Evaluation				
Circle one overall rating	Superior	Commendable	Satisfactory	Unsatisfactory
Would you consider rehiring this person?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Comments: _____				

Certification Statement: "This form has been filled out to the best of my ability. I understand my answers will remain confidential."

Student Employee's Signature _____ Date _____