

Federal Work-Study Supervisor Evaluation

Instructions:

Please complete, sign and return the evaluation form to the Office of Financial Aid and Scholarships located in UH-150 by **Thursday, May 31, 2018**. Your response will be confidential. You may also fax this form to (909) 537-7024. Failure to submit your evaluation may prevent you from participating in the FWS program next year.

Supervisor Information

Name of Supervisor	Review Period From: _____ To: _____
Department	Overall Rating of Supervisor: Exceptional Successful Unsuccessful

Please rate your supervisor in the following areas:

I. LEADERSHIP	Excellent	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
a) Demonstrates the ability to direct others in accomplishing work					
b) Provides opportunities for others to develop skills					
c) Ensures that I have the required training and know how to apply it to my job					

II. PROGRAM/PROJECT MANAGEMENT	Excellent	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
a) Defines expectations and tasks clearly					
b) Plans and organizes work, coordinates with others, establishes appropriate priorities to ensure work completion					
c) Implements solutions on a timely basis, monitors effectiveness of solutions and makes changes as needed					

III. PERSONNEL MANAGEMENT	Excellent	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
a) Rewards and recognizes individual and team successes					
b) Manages personnel issues; enforces policies, safety procedures and work rules					
c) Overall communication style is respectful and professional					

Comments:

Please provide any other comments, suggestions and/or concerns you may be having with your Work-Study experience that can help improve your work environment.

*** Please note your name will remain confidential and will not be attached.**

Student Name: _____ Coyote I.D. _____
Student Signature: _____ Date: _____