

Federal Work Study Student Evaluation of Job Assignment

The purpose of this evaluation is to provide the Financial Aid Office with feedback so that we may evaluate and improve the work experience of our students. Please take a few minutes to complete this evaluation by checking the response that most closely describes your particular experience. Also, feel free to write any comments. *(All evaluations will be kept confidential and will not be shared with your supervisor unless you specify otherwise).*

Student's Name _____

Job Title _____

Department _____

Dates Employed _____ to _____

Supervisor's Name _____

Student's E-mail Address _____

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
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1. The work I performed agreed with the nature of the work described to me when I was hired.

_____	_____	_____	_____	_____
COMMENT: _____				

2. I was able to arrange my work schedule according to my supervisor's and my own needs.

_____	_____	_____	_____	_____
COMMENT: _____				

3. My supervisor made his/her expectations clear regarding lateness, absences, work responsibilities, etc.

_____	_____	_____	_____	_____
COMMENT: _____				

4. My job performance was improved by constructive criticism offered by my supervisor.

_____	_____	_____	_____	_____
COMMENT: _____				

5. The responsibilities of my position were clearly explained to me when I was hired.

_____	_____	_____	_____	_____
COMMENT: _____				

6. If I was ill or could not make it to work on time, my supervisor was flexible with me.

_____	_____	_____	_____	_____
COMMENT: _____				

7. I felt that the work I performed was important to the proper functioning of the department I worked for.

_____	_____	_____	_____	_____
COMMENT: _____				

8. During the time I was employed in this position, the job either improved my job skills and/or I learned new skills.

_____	_____	_____	_____	_____
COMMENT: _____				

9. I found the job to be helpful to either my educational and/or personal growth.

_____	_____	_____	_____	_____
COMMENT: _____				

STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
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10. The job I held was challenging and not “just a job.”

COMMENT: _____

11. I feel my assistance was appreciated by my supervisor.

COMMENT: _____

12. I would accept the same job in the future if it were offered to me again.

COMMENT: _____

13. If my Work Study allocation had been larger, I would have taken advantage of the additional funding by working more hours.

COMMENT: _____

14. The Student Employment Coordinator and/or the Financial Aid Staff were helpful if/when I asked them questions regarding my employment.

COMMENT: _____

15. The Work Study web site was helpful to me in obtaining my Work Study paperwork.

COMMENT: _____

16. I got my job through the Work Study Job Fair.

COMMENT: _____

17. I prefer to download my Work Study hiring paperwork online so that I don’t have to come into the Financial Aid Office at the beginning of a semester.

COMMENT: _____

18. Please let us know if you have any suggestions that may improve any aspect of the Work Study program.

COMMENT: _____

Thank you for taking the time to complete the evaluation. The information you have provided will help us to ensure that we continue to maintain a positive work environment and experience for our SUNY New Paltz student workers.

**Please return the completed evaluation form to:
 Student Employment Coordinator
 Office of Financial Aid, HAB 603**