

Community Service Off-Campus Federal Work Study Program
Student Assistant Performance Appraisal
 (To be completed by Site Supervisor)

Student Assistant Name _____ Site _____
 Supervisor _____ Date _____

Please rate the student assistant in the areas listed below using the following scale:
 5 = excellent, 4 = very good, 3 = good, 2 = poor, 1 = very poor, N/A = Not Applicable.

Appropriateness of skills for project tasks	5	4	3	2	1	N/A
Focus on project goals and attention to detail	5	4	3	2	1	N/A
Work habits, productivity, effectiveness	5	4	3	2	1	N/A
Interaction with personnel, clientele or public	5	4	3	2	1	N/A
Ability to work with other volunteers	5	4	3	2	1	N/A
Ability to work with staff/supervisors	5	4	3	2	1	N/A
Attendance	5	4	3	2	1	N/A
Initiative/independence	5	4	3	2	1	N/A
Overall effectiveness	5	4	3	2	1	N/A

1. Please comment on one aspect of the student assistant's work which was very successful.

2. Please comment on one aspect of the student assistant's work which needed improvement.

3. What is the most significant impact the Clarion University student has had on your agency/organization or clients?

4. How would you have accomplished your goals without the Clarion University student?

5. How much of your staff's time was spent training/supervising the student assistant?

6. Beyond the actual work, did the student assistant have any broader impact on your organization?

Please return to the Career Services Center, 114 Egbert Hall by April 1, 2010