Student Employee Self Evaluation

Student’s Name: ___________________________________________________________________________________
Student ID Number: _____________________________  Position: _____________________________________
Year: _________________________________________  Semester: ____________________________________

1. How satisfied are you with this job?
   a. Very Satisfied
   b. Satisfied
   c. Neutral
   d. Dissatisfied
   Comments:__________________________________________________________________________________
   _____________________________________________________________________________________________

2. How would you rate the work environment? (i.e. supervisor, coworkers, equipment, facilities)
   a. Very Satisfied
   b. Satisfied
   c. Neutral
   d. Dissatisfied
   Comments:__________________________________________________________________________________
   _____________________________________________________________________________________________

3. Would you make any changes to improve the work experience?
   a. Yes
   b. No
   If yes, what would it be?
   ___________________________________________________________________________________________

4. Are you able to utilize your strengths in this role?
   a. Yes
   b. No
   Please explain:
   ___________________________________________________________________________________________

5. What skill/skills do you use the most in this job?
   ___________________________________________________________________________________________

6. What is/are your responsibility/responsibilities in this job?
   ___________________________________________________________________________________________

7. Other Comments:
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

___________________________________  ________________________________
Student Signature     Date