STUDENT WORKER’S EVALUATION OF DEPARTMENT

STUDENT NAME: __________________________________________   TERM: __________

DEPARTMENT NAME: __________________________   POSITION TITLE: ___________________________

STUDENT SECTION

(1) Very Satisfied (2) Satisfied (3) Dissatisfied

Please mark the line at the appropriate point.

1. How satisfied are you with this job? Comments: ____________________________
   
   1   2   3

2. How would you rate the work environment? (i.e. supervisor, co workers, equipment, facilities)
   Comments: ____________________________
   
   1   2   3

3. Would you make any changes to improve the work experience?  __ Yes  __ No  If yes, what?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

4. What skill(s) did you use most in this job? ____________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. What is/are your responsibility/responsibilities in this job? ____________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Other Comments: ____________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________