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**RHODES STUDENT ASSOCIATE PROGRAM**

**Student Associate Mid-Year Evaluation**

**Fall 2015**

**Student Associate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Campus Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions to the Supervisor:** Please complete each item below, giving as much specific information as you feel necessary. Please discuss your evaluation with your student associate. *Remember, completion of this evaluation expresses your continued interest in RSAP.*

On average, how many hours per week did your Student Associate work?

List specific responsibilities and/or projects of your Student Associate during the Fall 2014 semester.

How has your Student Associate added value to your department over the past semester?

What are your Student Associate’s strengths?

What areas for improvement are recommended for your Student Associate? Be specific and suggest ways to manage these goals.

Please check the level of performance (ranging from excellent to unsatisfactory) that best fits the characteristics of the Student Associate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Characteristics | Excellent | Very Good | Average | Marginal | Unsatisfactory |
| Desire and willingness to take on new assignments |  |  |  |  |  |
| Willingness to work through an assignment to completion |  |  |  |  |  |
| Ability to communicate |  |  |  |  |  |
| Quality of work |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Attitude toward work |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Judgment |  |  |  |  |  |
| Resourcefulness |  |  |  |  |  |
| Cooperation |  |  |  |  |  |
| Willingness to get along with others |  |  |  |  |  |
| Ability to accept and act on criticism |  |  |  |  |  |

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*Supervisor’s Signature Date*

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*Student Associate’s Signature Date*

**Please return a copy of the evaluation to** finaid@rhodes.edu **by Wednesday, December 10, 2014.**