



ANY FALSE INFORMATION PROVIDED ON THIS FORM IS A VIOLATION OF THE POLICIES AND PROCEDURES OF THE INSTITUTION AND MAY BE PUNISHED BY THE TERMINATION OF PROGRAM PARTICIPATION.

STEP 1: DEPARTMENT INFORM	MATION								
OFFICE NAME:		Office Location:			(OFFICE PHONE NUMBER:			
STEP 2: SUPERVISOR INFORMATION NAME:	ATION				9	SEMES	TER (OF REVIEW:	
TVMIL.					'	JEIVIE.	TLK	I REVIEW.	
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WOULD YOU WANT TO WORK FOR THIS C									
	YES			No)				
IF "NO", PLEASE EXPLAIN WHY HERE:									
STEP 2: PERFORMANCE EVAL	UATION								
On a scale of 1-5, where "1" is	poor and "5" is exce	llent, please rate	e you	ır SV	VP S	uper	visor	in the following areas:	
ATTITUDE		(Poor)	1	2	3	4	5	(EXCELLENT)	
COMMUNICATION		(Poor)	1	2		4		(EXCELLENT)	
								<u> </u>	
HELPFULNESS		(Poor)	1					(EXCELLENT)	
WILLINGNESS TO TEACH	[(Poor)	1	2	3	4	5	(EXCELLENT)	
CUSTOMER SERVICE		(Poor)	1	2	3	4	5	(EXCELLENT)	
AVAILABILITY		(Poor)	1	2	3	4	5	(EXCELLENT)	
STEP 3: INFORMATION OF PER STUDENT EMPLOYEE NAME:	RSON EVALUATING 1	PERFORMANCE HSSU ID:		Ног	RNFT	Mail:			
STODENT EMILOTEE WAVIE.		Hose ib.		1101	KILLI	·•1/ tib.			
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FOLLOW-UP REQUESTED?	FOLLOW-UP PHONE NUM	MBER:				D	ATE O	FEVALUATION:	
Y N									
If submitting this form physical	ly instead of electron	nically, please si	ign a	ınd d	ate:				
S r y		↑ /1	<i>J</i> -						
Signature:						D	ate:		
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