STUDENT EMPLOYMENT FEEDBACK FORM

Name _______________________________________________________________

Position Title _________________________________________________________

Department Name _____________________________________________________

Year: _____    Term:  ☐ Summer  ☐ Fall  ☐ Spring

STUDENT SECTION (to be completed by the student worker named above)

How satisfied are you with this job?

☐ Very Satisfied
☐ Satisfied
☐ Dissatisfied

Comments:  __________________________________________________________

How would you rate the work environment? (i.e. supervisor, coworkers, equipment)

☐ Very Satisfied
☐ Satisfied
☐ Dissatisfied

Comments:  ________________________________________________________________

What are your responsibilities in this job?  ______________________________________
_______________________________________________
_______________________________________________

What skill(s) did you use most in this job?  ______________________________________
___________________________________________________________________________

What professional and/or personal skill(s) did you develop through this job? _________
___________________________________________________________________________

Would you make any changes to improve the work experience?

☐ Yes  ☐ No

If so, what?  ________________________________________________________________
___________________________________________________________________________

Note: The information reported on this form will be kept confidential.