GRADUATE TEACHING ASSISTANT EVALUATION

Graduate Student’s Name: ___________________________  V#__________________
Appointment Effective Date: ________________________ Authorized Hours __________________
Appointment: □ New □ Reappointment  Term: ______________________ Academic Year: ______________________
Office Assignment: ________________________________ Division: ________________________________
Work Site Supervisor/Evaluator: ____________________________

EVALUATION

4=Exceeds expectations  3=Meets Expectations
2=Professional Development Plan  1=Does not meet expectations

___ Strong written and verbal communication skills
___ Able to use technological tools (e.g. common computer software, multiple line telephone system)
___ Works independently, with little supervision
___ Conscientious and reliable
___ Aptitude for creative problem solving
___ Attitude of mutual respect and collegiality
___ Arrives on time, in suitable attire, and prepared
___ Tracks hours appropriately
___ Notifies assigned supervisor, in advance, of any absences

Reappointment Qualified: □ Yes □ No

INSTITUTIONAL ACTIONS

Worked the authorized number of hours for this term □ Yes □ No

Comments (attach additional pages, if needed):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Immediate Supervisor: ____________________________ Date: __________________

Graduate Student: ____________________________ Date: __________________

Please keep copy for advisor and student and send original to Graduate Programs Office

Reviewed February 28, 2019