

• PERSONAL EVALUATION FOR GRADUATE TEACHING ASSISTANTSHIP •

APPLICANT NAME

SOCIAL SECURITY NUMBER

(Optional) - I waive my right of access to any information provided by this personal reference: Yes No

APPLICANT SIGNATURE

DATE

Evaluator:

The above student has submitted an application for a graduate teaching assistantship in the Music Department at Western Oregon University. Your help in evaluating this student's potential would be most appreciated.

I know the applicant: very well well only slightly Number of years acquainted: _____

In comparing this applicant's overall qualifications with other individuals of comparable experience, please rate the applicant in the following categories.

SKILLS	TOP			AVG.	BELOW AVG.	N/A
	5%	10%	25%	50%	-50%	
PERFORMANCE ABILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AURAL SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUSIC HISTORY KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUSIC THEORY KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN ENGLISH SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL ENGLISH SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY/MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFICIENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACHING ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO DO GRADUATE WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On the reverse side of this form or on a separate signed letter, please comment on your personal experience with this applicant. Please speak to the applicant's ability to teach and include any pertinent information.

Evaluator's Printed Name

Title

Organization

Address

Phone

E-Mail

Signature

Date