



**It is the responsibility of the Graduate Program Coordinator to submit fully signed GA evaluations to Graduate Studies on or before the deadline each semester. Email completed forms to gradstudies@utpb.edu.**

Name of GA: \_\_\_\_\_ Student ID: \_\_\_\_\_

GRA/GTA Department: \_\_\_\_\_ Position:  GTA  GRA

GRA/GTA Supervisor: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Will this GA Graduate this semester: Yes  No

**Section 1: To be completed for GRA's by faculty supervisor**

**GRA RATING**

Rate the GRA based on the criteria below using the following scale:

5 = Outstanding    4 = Very Good    3 = Satisfactory    2 = Needs Improvement    1 = Unsatisfactory    NA = Not Applicable

Attendance, punctuality & reliability	
Communication & interpersonal skills	
Quality & accuracy of work	
Consistency of methods	
Follows protocol & procedures	

Ethics and professionalism	
Time management	
Demonstrates sound scientific principles	
Reporting & evaluation techniques	
Is an effective researcher	

Please comment on the GRA's overall work performance and the accomplishment of the duties and desired outcomes for the position. Include strengths, weaknesses, and areas for growth.

**GRA OUTCOMES**

Provide relevant information, such as title, brief description, dates, etc.

Research project
Research presentation:
Research publication:
External grant submission(s) and plans:
Other outcomes:

## Section 2: To be completed for GTA's by faculty supervisor

### GTA RATING

Rate the GTA based on the criteria below using the following scale:

5 = Outstanding    4 = Very Good    3 = Satisfactory    2 = Needs Improvement    1 = Unsatisfactory    NA = Not Applicable

Attendance, punctuality & reliability	
Communication & interpersonal skills	
Quality & accuracy of work	
Course goals articulated & met	
Grading & recording of attendance	

Ethics and professionalism	
Time management	
Classroom mgt, communication, discussions	
Feedback/assistance provided to students	
Teaching techniques	

Please comment on the GTA's overall work performance and the accomplishment of the duties and desired outcomes for the position. Include strengths, weaknesses, and areas for growth.

### GTA OUTCOMES

GTA instructor of record:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Course subject and number:		
Course enrollment:		
Total SCH:		
Name of faculty who received release time if GTA IR:		
Outcomes from faculty who received GTA:		
Other outcomes:		

## Section 3: Approving Signatures

GA Printed Name	GA Signature	Date
Faculty Supervisor Printed Name	Faculty Supervisor Signature	Date
Faculty Supervisor Recommendation	Do you recommend this GA to continue into the next semester/academic year?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grad Program Chair Printed Name	Grad Program Coordinator Signature	Date
Graduate Program Chair Recommendation	Do you recommend this GA to continue into the next semester/academic year?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Department Chair Printed Name	Department Chair Signature	Date
Grad Studies Dean Printed Name	Graduate Studies Dean Signature	Date

<p><b>Graduate Studies Office Only:</b>  Date Received: _____  Cumulative GPA: _____  Meets GA Criteria: Yes _____ No _____</p>
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