



GRADUATE ASSISTANT EVALUATION FORM

Submit by December 1 for fall semesters.

Submit by May 1 for spring semesters.

Name: _____ Student ID: _____

GA Department: _____ Position: GA GRA GTA

GA Supervisor: _____ Semester and Year: _____

Section 1: To be completed for GAs.

Evaluation Areas	Outstanding	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Attendance, punctuality and reliability						
2. Ethics and professionalism						
3. Time management						
4. Communication and interpersonal skills						
5. Quality and accuracy of work						
OVERALL PERFORMANCE						

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

Section 2: To be completed for GRA's.

Evaluation Areas	Outstanding	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Attendance, punctuality and reliability						
2. Ethics and professionalism						
3. Time management						
4. Communication and interpersonal skills						
5. Quality and accuracy of work						
6. Demonstrates sound scientific principles						
7. Consistency of methods						
8. Reporting and evaluation techniques						
9. Follows protocols and procedures						
10. Is an effective researcher						
OVERALL PERFORMANCE						

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

Section 3: To be completed for GTA's.

Evaluation Areas	Outstanding	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Attendance, punctuality and reliability						
2. Ethics and professionalism						
3. Time management						
4. Communication and interpersonal skills						
5. Quality and accuracy of work						
6. Classroom management, communication and discussions						
7. Course goals articulated and met						
8. Feedback/assistance provided to students						
9. Grading and recording of attendance						
10. Teaching techniques						
OVERALL PERFORMANCE						

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

Section 4: Approving Signatures

GA Signature

Date

Printed Name of Faculty Supervisor

Signature of Graduate Program Head

Date

Do you recommend this GA to continue into the next semester/academic year? YES

NO

Printed Name of Graduate Program Head

Signature of Graduate Program Head

Date

Do you recommend this GA to continue into the next semester/academic year? YES

NO

Printed Name of Department Chair

Signature of Department Chair

Date

Printed Name of Graduate Studies Dean

Signature of Graduate Studies Dean

Date