

CoAS GRADUATE ASSISTANT EVALUATION

(To be completed by the individual most directly responsible for supervising the Graduate Assistant)

Term of Evaluation: ___ Fall ___ Spring ___ Summer Year: 20___

Name of Graduate Assistant (G.A.) Being Evaluated: _____

Name of Individual Completing Evaluation: _____

Title: _____

Department or Unit Where the G.A. is Assigned: _____

Please rate the G.A. in the following areas: <i>(Circle the appropriate rating)</i>	Exceptional	Good	Fair	Poor
Punctuality/Attendance <i>(by agreed schedule)</i>	4	3	2	1
Professionalism <i>(including interpersonal skills, confidentiality and communication)</i>	4	3	2	1
Completes assigned tasks in a timely manner	4	3	2	1
Quality of completed tasks and projects	4	3	2	1
Technical/Research/Administrative skills <i>(appropriate to position)</i>	4	3	2	1

Summarize tasks that the G.A. has undertaken as a part of his or her assistantship:

What skills applicable to the G.A.'s program of study has this assistantship provided?

Would you recommend this G.A. for continuation in this placement? Yes No

Signature of the Evaluator: _____ Date: _____

Please feel free to attach additional information that you think useful in evaluating this individual.

Signature of Graduate Coordinator: _____ Date: _____

(Graduate Coordinator retains for student's file)