

END OF SEMESTER GRADUATE TEACHING ASSISTANT ASSESSMENT FORM

Teaching Assistant: _____ Student ID: _____
 Class Taught: _____ Recitation Primary Instructor Grader
 TA Supervisor: _____
 Term: Fall Spring Summer Year: _____

I. Evaluation of Performance: Please evaluate the student's performance in each of the following areas.

	Excellent		Acceptable		Problematic	
	5	4	3	2	1	
Apparent content knowledge:						
Management of the course preparations:						<input type="checkbox"/> NA
Ability to grade student work accurately and in a timely manner:						<input type="checkbox"/> NA
Performance during office hours and review sessions:						<input type="checkbox"/> NA
Availability to students:						<input type="checkbox"/> NA
Ability to communicate student concerns to course coordinator/instructor(s):						<input type="checkbox"/> NA
Overall TA performance:						

II. Additional Comments: (attach a separate sheet, if necessary)

III. TAs comments/response. (attach a separate sheet, if necessary)

IV. Signatures

TA Supervisor _____ Date _____
 TA _____ Date _____

Please return form to Katherine Paullin, POT 729 or her mailbox in POT 715.