

College of Arts and Sciences: Graduate Assistant Evaluation Form

PLEASE TYPE

Department: _____ Date of review: _____

Person Evaluated: _____

Period covered by the review (Check as appropriate)

- Academic Year
- Fall only
- Spring only
- Other (specify) _____

1. Evaluation:

Use the following five categories to describe the graduate assistant's performance relative to the expectations on his or her Position Description Form(s). Complete as appropriate to the Position Description Form. Most GA's will have only one relevant section, Teaching (primarily applicable to GTAs) OR Research (primarily applicable to GRAs) OR Service (primarily applicable to GSAs).

Significantly Exceeds Expectations: Graduate Assistant merits special recognition for unequivocally superior performance (e.g., worthy of professional award nominations or is clearly outstanding in his or her field). A narrative commentary addressing areas of excellence is required.

Exceeds Expectations: Designation used to indicate that certain aspects of the Graduate Assistant's performance exceed the norm. A brief narrative commentary is required.

Meets Expectations: Designation used to describe the majority of cases that are considered. No comments required.

Falls Short of Expectations: Designation used to indicate that certain aspects of the Graduate Assistant's performance could be improved. A narrative commentary addressing **specific areas** that need improvement is required.

Falls Significantly Short of Expectations: Designation used in rare cases where individuals are mismatched with their assignments, are not meeting professional obligations, or are simply incompetent. A narrative commentary addressing the specific problem area(s) is required.

<p>Teaching (primarily applicable to GTAs)</p> <p> <input type="checkbox"/> Significantly Exceeds Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Falls Short of Expectations <input type="checkbox"/> Falls Significantly Short of Expectations </p> <p><u>Comments required as indicated above - fill in or attach:</u></p>	<p>OR N/A _____</p>
<p>Research (primarily applicable to GRAs)</p> <p> <input type="checkbox"/> Significantly Exceeds Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Falls Short of Expectations <input type="checkbox"/> Falls Significantly Short of Expectations </p> <p><u>Comments required as indicated above - fill in or attach:</u></p>	<p>OR N/A _____</p>
<p>Service (primarily applicable to GSAs)</p> <p> <input type="checkbox"/> Significantly Exceeds Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Falls Short of Expectations <input type="checkbox"/> Falls Significantly Short of Expectations </p> <p><u>Comments required as indicated above - fill in or attach:</u></p>	<p>OR N/A _____</p>

2. Supporting evidence of accomplishment in teaching used by the department to make this evaluation (Needed only for those GAs with responsibility for teaching or team-teaching courses and/ or labs):

Note: In keeping with University policy, the College requires that a minimum of three different sources of data be used in the evaluation of teaching, with one of those sources being students. Please retain these materials in the department. Do not forward to the College office.

_____ Documentation of student evaluation of teaching ***in summary form***

At least two other sources of evidence (Check all that have been used in this evaluation).

- _____ Candidate's narrative/self-evaluation of teaching
- _____ Formal observation of teaching
- _____ Review of course materials
- _____ Review of student products
- _____ Other (please specify) _____

3. Department Chair's Evaluative Narrative (Optional) – fill in or attach:

Was this evaluation made in accordance with a set of written departmental evaluation procedures on file in the College office and communicated to the graduate student?

_____ Yes _____ No

Department
Chair

Signature
Date

I have discussed this evaluation with the appropriate departmental representative.

_____ Yes _____ No

Graduate Student

Signature
Date