

**GRADUATE TEACHING ASSISTANT TERM PERFORMANCE EVALUATION**

**DUE: LAST DAY OF EACH TERM OF APPOINTMENT**

Graduate Teaching Assistant (GTA) Name: \_\_\_\_\_ GID: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Department: \_\_\_\_\_ Degree Type: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Department: \_\_\_\_\_  
 Course #/ Title: \_\_\_\_\_ No of Students Enrolled: \_\_\_\_\_  
 Term (Fall or Spring): \_\_\_\_\_ Year: \_\_\_\_\_ Appointment Percentage  100% GTA  50% GTA, 50% GRA  
 Previous GTA Training/GTA Teaching Experience (Check one):  None  Some  Extensive  
 Student attended GTA orientation:  Yes  No If yes, by:  Grad School  Department When: \_\_\_\_\_  
 Were the expectations made known to the GTA?  Yes  No  
 If yes: When: \_\_\_\_\_ Were expectation written: ?  Yes  No

**TEACHING CATEGORY** (Check one below):

- PRINCIPAL LECTURER (Primary responsibility for course).....
- ASSISTANT LECTURER (Lecturer under supervision).....
- RECITATION/DISCUSSION (Recitation or discussion sections only).....
- LABORATORY (Teaching lab or practicum only).....
- SCORING (Scoring or grading with little and/or no direct class contact).....
- TUTORING (Tutoring with no direct class contact).....
- OTHER (Name any other category) ..... \_\_\_\_\_

**SUPERVISOR'S EVALUATION** (Provide a rating for only those functions that apply to the GTA. Otherwise select N/A.)

**TEACHING FUNCTIONS**

**PERFORMANCE LEVEL**

	SUPERIOR	SATISFACTORY	UNSATISFACTORY	N/A
Mastery of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of lectures (with supervision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional demeanor & appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriateness of interactions with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to teach independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of class records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading of papers, exercises, quizzes, & exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction of quizzes and exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class/laboratory demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory/studio/recitation instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding of office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL EVALUATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Provide specific comments on page 2)

**OVERALL EVALUATION COMMENTS**

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**SUPPLEMENTAL COMMENTS (For example, an action plan to address concerns or comments provided by the GTA)**

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**NOTE: THIS GRADUATE TEACHING ASSISTANT PERFORMANCE EVALUATION FORM IS TO BE SENT TO DEB BARKLEY IN HUMAN RESOURCES AND NOT TO THE GRADUATE SCHOOL UNLESS THE STUDENT HAS RECEIVED AN OVERALL RATING OF UNSATISFACTORY. IN THE EVENT THE GTA RECEIVED THIS RATING, A COPY OF THIS FORM IS TO BE SENT TO OFFICE OF STUDENT SERVICES IN THE GRADUATE SCHOOL.**

This evaluation has been prepared by me. \_\_\_\_\_  
Supervisor (Signature) Date

This evaluation has been discussed with me. \_\_\_\_\_  
Graduate Teaching Assistant (Signature) Date