

**Department of Psychology and Counseling
Graduate Assistant Evaluation Form**

Graduate Assistant Name: _____

Supervisor Name: _____

Semester/Year: _____

I. Quality of Work Product

_____ s with a minimum of errors, as defined by the Professor; and does not require secondary requests or additional supervision).

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

II. Timeliness of Assigned Tasks: (Graduate as defined by the Professor).

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

III. Reliability

_____ class times, office hours, or other times as required by the position)

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

IV. Willingness to Perform as a Team Player

epartment,

including other members of the faculty and staff, in times of need).

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

V. Comprehension of Duties

ance of the job; and

).

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

Graduate Assistant Response/Comments (Comments regarding evaluation should be provided here. Additional pages can be attached if needed).

Student Signature

Faculty Signature

Date

Signature indicate that the graduate assistant has read and understood the assessment and has discussed it with the evaluator. The signatures do not imply agreement.