

Appendix I:

**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
DEPARTMENT OF NUCLEAR, PLASMA,
AND RADIOLOGICAL ENGINEERING**

TEACHING ASSISTANT EVALUATION FORM

NAME _____ SEMESTER _____

COURSE _____

SUPERVISOR _____

Please circle the appropriate number.

<i>Excellent</i>				<i>Poor</i>
5	4	3	2	1

1. Fairness of Grading

5	4	3	2	1
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2. Timeliness of Returned Material

5	4	3	2	1
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3. Availability for Discussion

5	4	3	2	1
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4. Explanation of Material/Answers

5	4	3	2	1
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Comments:

(Supervisor's Signature)

(Date)