

**Performance Evaluation Graduate Assistantship/Teaching Assistantship**

<b>Graduate/Teaching Assistant Name:</b>	
<b>Department:</b>	
<b>Faculty:</b>	
<b>Course Number (if applicable):</b>	
<b>Term and Year:</b>	
<b>Supervisor's name:</b>	

The purpose of this evaluation is to assess the Graduate Assistant/Teaching Assistant performance and thereby assist him/her in developing and improving his/her skills, and ensure a standard of acceptable employee performance. An employee's ongoing performance is normally subject to a formal written evaluation once during any academic semester of appointment. This evaluation must be discussed with the Assistant within thirty (30) days of the performance evaluation. Any concerns regarding the performance review may be directed to the Department/School Chair/Director.

This evaluation has six parts: A) General, B) Knowledge, C) Interaction with Students, D) Overall Evaluation, E) Employee Comments, and F) Signatures. To complete the evaluation both the Supervisor and the Assistant must sign and date the form, after a discussion has taken place. Please use the following guide to rate the Teaching Assistant's performance in each of the areas.

N/A = Not applicable

1 = unacceptable

2 = satisfactory / some improvement required

3 = good / accomplishes tasks diligently and well

4 = excellent / accomplishes all tasks at a high level

<b>A) GENERAL:</b> Please assess the Assistant's performance in carrying out tasks related to scheduling, time management, and according to supervisor's instructions.						
	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Additional Comments</b>
Overall preparation						
Time management during term						
Quality of grading of course assignments						
Timeliness in returning graded assignments/exams						
Brings an attitude of professionalism to his/her work						
Adheres to University policies on Human Rights, Harassment Prevention, Occupational Health and Safety among other policies.						

<b>B) KNOWLEDGE:</b> Please assess the Assistant's knowledge or level of expertise in the subject matter being taught and the job duties carried out.						
	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Additional Comments</b>
Knowledge/understanding of course material						
Technical competence (e.g. in laboratory sessions)						
Knowledge/understanding of job description.						
<b>C. INTERACTION WITH STUDENTS:</b> Please assess the interaction between the Assistant and the students taking the course.						
	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Additional Comments</b>
Competence as a discussion leader or laboratory instructor						
Accessibility during scheduled office hours						
Clarity of presentation/explanations						
Language skills						
Deals with all students respectfully and thoughtfully and creates an atmosphere of mutual respect.						
Student work is treated seriously and fairly.						
<b>D. OVERALL EVALUATION OF ASSISTANT:</b>						
<b>1. Unacceptable</b>		<b>2. Satisfactory</b>		<b>3. Good</b>		<b>4. Excellent</b>
Comments:						
Supervisor's Name: _____						
Signature: _____ Date: _____						

**E) EMPLOYEE COMMENTS:**

The employee may add his/her written comments to the performance evaluation if he/she so desires.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I have seen, discussed and  
understood this Evaluation

F) Signatures: Both the Supervisor and the Employee shall sign this form to indicate that a discussion took place.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Give one copy, with signatures in ink, to Department Assistant, who will distribute:**

Copies:       Assistant  
                  Supervising Instructor  
                  Chair/Director  
                  Official File  
                  CUPE Local 3904 Unit 3

Updated: September 2007