

Graduate Assistant Evaluation Form
University of Georgia
Department of Textiles, Merchandising and Interiors

Faculty Supervisor's Name: _____ Date: _____

Student's Name: _____

1. How long has this student been working for you and in what capacity? How many hours per week are they assigned to work for you? (13 hrs, 6.5 hrs, etc)

2. Please indicate your perceptions of the student's competence in the following areas:

	Unsatisfactory	Needs Improvement	Acceptable	Satisfactory	Outstanding
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please provide below any other comments you may have.