UNIVERSITY OF SOUTH ALABAMA GRADUATE ASSISTANT EVALUATION FORM

This form is to be used for **ALL** Graduate Assistants:

Graduate Teaching Assistants (*official teacher of record for course*) must be evaluated **each semester** in which they teach a course. All other Graduate Assistants should be evaluated on an **annual** basis.

Graduate Assistant Name _____ J00_____

Department_____Semester/Year_____

Type of Assistant_____

Description of Assignment_____

Course(s) taught (GTA only) _____

Rate the Graduate Assistant on each of the following criteria using a scale of 0 – 10 (0 = lowest, 5=average, 10=highest). Only fill out applicable criteria. Enter N/A for those that do not apply.

Criterion	Score	Suggestions for Improvement (if needed)
Quality of class preparation		
Communication skills		
Student interactions		
Testing or evaluation methods		
Reliability		
Job performance		
Initiative		
Teaching effectiveness		

Comments

Action Plan to Address Deficiencies (if needed)

_____ _____

Graduate Assistant signature Date Date evaluation was reviewed with Student

_____ _____

Evaluator - Printed Name Evaluator – Signature Date

Revised 6.1.18