## **Performance Expectations and Evaluation for Graduate Assistants**

## **Graduate Assistant's Name:**

Program/Major

## Instructions:

1) At the beginning of the term, coordinators should ensure that performance expectations are identified for the graduate assistant when duties are assigned. To do so, please check the line which applies, on the left-hand side of the sheet, or fill in other expectations, as needed. This information should be reviewed with the graduate assistant and initialed, and retained by the coordinator until the end of the term.

assistant and initialed, and retained by the coordinator until the end of the term.

2) At the end of the term, coordinators should ensure that the appropriate answer ("Yes" or "No") is checked on the right hand side of the sheet, and that any other general comments or areas for improvement are identified. Please attach additional documentation to explain any "no's" which are checked. The graduate student, instructor(s) and coordinator should all sign the form.

3) Graduate students should receive a copy of this form, at the end of the term.

4) Please submit the original to the Arts and Science Dean's Office. The original will be kept in the student's employment file.

Term	Year	Assignment/Course	•	Instructor
Check a	Check all that will apply:		Student Initials	Did the student meet this expectation? Attach written documentation if NO is selected.
Be available to perform duties as requested				Allacii willicii documentation ii 140 is solocica.
(	Complete tasks in a time	ely manner		
1	Follow guidelines provide	ed for work tasks		
1	Follow safety protocols r	elated to instructional settings		
(	Other (please specify)			
Genera	al comments or areas for	improvement		
Instructor's signature			Date:	
Term	Year	Assignment/Course		Instructor
Check all that will apply:			Student Initials	Did the student meet this expectation? Attach written documentation if NO is selected.
	Be available to perform	duties as requested		
	Complete tasks in a time	nely manner		
	Follow guidelines provi	ded for work tasks		
	Follow safety protocols	s related to instructional settings		
	Other (please specify)			
General o	comments or areas for in	nprovement		
Instructor's signature			Date:	
Term	Year	Assignment/Course		Instructor
Check all that will apply:			Student Initials	Did the student meet this expectation? Attach written documentation if NO is selected.
	Be available to perform	n duties as requested		Auton Whiteh desamentation in the 16 colocted.
	Complete tasks in a tir	mely manner		
	Follow guidelines prov	ided for work tasks		
	Follow safety protocols	s related to instructional settings		
	Other (please specify)			
General o	comments or areas for in	nprovement		
Instruct	Instructor's signature			
At the	end of the term/s:			
Student's signature			Date:	
Coordinator's signature			Date:	

Note: Signing this form means that you are aware of the contents of this evaluation form, but does not necessarily mean that you are in agreement with its assessment. (Form rev. Mar 2016)