

## **Office Of Graduate Studies**

## **Graduate Assistant Biweekly Self Evaluation Form**

Name:					
College/ Department:					
Supervisor:					
Week:	Academic Year:	Semester:	Fall	Spring	
Instructions: Please complete this form on a bi-weekly basis and submit it to your supervisor. Your GA supervisor will review the reports on a monthly basis and provide feedback					
if necessary. The GA supervisor or Department Chair submits the supervisor's evaluation form each semester to the Associate Dean for Research and Graduate Studies.					
List all Duties and Responsibilities carried out this week:					
Research Activity: List all research activ	rities.				
Teaching activitities ( if applicable). Th	is includes stating the number of assignements	the GA graded, the numb	er of exams/quizzes c	onstrcuted and condcuted,	
tutoring sessions conducted, number of office hours, number of lab session supervised etc.:					
List workshops attaneded and any College or QU Community Involvement::					



## Office Of Graduate Studies

List all research or teaching acheivements (journal/conference articles, presentations, workshops conducted, etc.):				
List any Concerns/Issues (if applicable):				
For Supervisor's Use Only:				
Surpervisor's Signature:				
College/Department:				
Date:				