

Graduate Assistant Supervisor Evaluation Form

GA Name: QU ID:

Department: College:

Degree Type: Master PhD

Semester:

Supervisor Name:

Department: College:

Please rate each of the criteria in a scale of 1 (inadequate), 3 (meets expectation) and 5 (exceptional). Please assess the following categories:

Performance in Teaching Assignment [rating]
Teaching assignments include laboratory teaching, tutoring, grading, etc.
Please address the quality and quantity

Performance in Research Assignment [rating]

Attendance [rating]
Please address if the GA has been committed to the workload as stipulated by the policy.

Will you recommend renewal for this GA Yes No

Supervisor Signature

Date

Associate Dean for Research and Graduate Studies Signature

Date

Office of Graduate Studies Evaluation:

Satisfactory

Not Satisfactory

Comments: