

Please enter the name of your Graduate Assistant below, evaluate his/her performance, complete the evaluation and return it to the GSM Director of Student Services - Cheryl Nelson in DS275E.

### General Information

Student Name

Department

Evaluator  Date

### Performance as a Graduate Assistant

|    |  | Strong                   | Acceptable               | Occasional Problems      | Recurrent Problems       | N/A                      |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Checks with me regularly for possible assignments                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is available for scheduled meetings and arrives on time            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Completes assignments on a timely basis                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does a thorough and accurate job                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Holds and attends office hours as or if required                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Is responsive to requests sent outside of scheduled meeting times. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Has progressed with position/ knowledge through the semester       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Would recommend for rehire   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments  
or Concerns