

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.
- 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 all that will apply:		Student Initials	Did the student meet this expectation? Attach written documentation if NO is selected.
<input type="checkbox"/>		Be available to perform duties as requested	
<input type="checkbox"/>		Complete tasks in a timely manner	
<input type="checkbox"/>		Follow guidelines provided for work tasks	
<input type="checkbox"/>		Follow safety protocols related to instructional settings	
<input type="checkbox"/>		Other (please specify)	
General comments or areas for improvement			
Instructor's signature		Date:	

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<input type="checkbox"/>		Follow safety protocols related to instructional settings	
<input type="checkbox"/>		Other (please specify)	
General comments or areas for improvement			
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<input type="checkbox"/>		Follow guidelines provided for work tasks	
<input type="checkbox"/>		Follow safety protocols related to instructional settings	
<input type="checkbox"/>		Other (please specify)	
General comments or areas for improvement			
Instructor's signature		Date:	

At the end of the term/s:

Student's signature Date:

Coordinator's signature Date: