

**Graduate Student Name**

**Department Name**

**Semester & Year Evaluated**

**TA End-of-Semester Assessment**

**Student ID #**

**Please check role:**

Non-contact TA (grading TA or lab prep)

Classroom or laboratory contact TA

**Course(s)/section(s) associated with TA’s duties**

**Evaluation of Performance:**

Please evaluate the student’s performance in the following areas:

Problematic

Acceptable

Excellent

1

2

3

4

Apparent content knowledge

5

1

2

3

4

4

4

4

4

4

4

Management of the course preparations

5

N/A

N/A

1

2

3

3

3

3

3

5

5

5

5

5

Ability to communicate student concerns to course coordinator/instructor(s)

Availability to students

Ability to grade student work accurately and in a timely manner

N/A

1

1

1

1

1

2

2

2

2

2

Performance during office hours and review sessions

N/A

N/A

N/A

Planning and supervising of laboratory experiments

3

5

**Overall TA performance**

**Please include comments below or attach a separate sheet**

**Comments from TA** (Attach a separate sheet if needed)

**TA Supervisor Signature:** **Date:**

**TA Signature:** **Date:**