

DEPARTMENT OF HEALTH & KINESIOLOGY

SEMESTER EVALUATION OF GRADUATE ASSISTANTS

NAME _____ DATE _____

MENTOR/SUPERVISOR _____

Please provide a brief description of this GA's responsibilities:

Please circle the appropriate # for the following questions:

- 5. Strongly Agree
- 4. Agree
- 3. Undecided
- 2. Disagree
- 1. Strongly disagree

1. The GA understands the importance of the position. 1 2 3 4 5

Comments:

2. The GA is dependable and punctual. 1 2 3 4 5

Comments:

3. The GA fulfills the time commitment of the position. 1 2 3 4 5

Comments:

4. The GA has adequately learned the duties and responsibilities 1 2 3 4
5
of this position.

Comments:

5. The GA adequately fulfills the duties and responsibilities 1 2 3 4 5
of this position.

Comments:

6. The GA works and completes assignments with minimum 1 2 3 4 5
supervision.

Comments:

7. The GA completes tasks with a high level of quality. 1 2 3 4 5

Comments:

8. The GA demonstrates initiative and positive attitude in tasks 1 2 3 4 5
and duties.

Comments:

I recommend this GA continue in this position for another semester if available.

Mentor/Supervisor's Signature

Date

____ I agree with this evaluation
____ I do not agree with this evaluation

GA's Signature

Date

GA Comments:

Mentor/Supervisor Comments:
