

GRADUATE ASSISTANTSHIP PROGRAM SUPERVISOR'S EVALUATION

Student Name: _____

Semester: FALL SPRING Year: _____

Supervisor Name: _____ Dept.: _____

Please rank your agreement with each statement using a scale from 1-5 where 1 is strongly disagree and 5 is strongly agree. If the statement does not apply, check N/A.

<u>ATTITUDE</u>	Strongly Disagree					Strongly Agree	
1. Exhibits a positive attitude toward his/her work.	1	2	3	4	5	N/A	
2. Works well with other employees.	1	2	3	4	5	N/A	
3. Works well with clients/students.	1	2	3	4	5	N/A	
4. Accepts supervision/criticism in a mature manner.	1	2	3	4	5	N/A	
5. Contributes to a team environment.	1	2	3	4	5	N/A	
<u>COMMUNICATION/ORGANIZATION SKILLS</u>							
1. Communicates clearly and effectively orally.	1	2	3	4	5	N/A	
2. Communicates clearly and effectively in writing.	1	2	3	4	5	N/A	
3. Assesses a problem, develops a solution, and follows through with plans.	1	2	3	4	5	N/A	
4. Plans and organizes his/her work efficiently.	1	2	3	4	5	N/A	
<u>RESPONSIBILITY</u>							
1. Assumes responsibility/is accountable for actions.	1	2	3	4	5	N/A	
2. Takes initiative.	1	2	3	4	5	N/A	
3. Works well independently.	1	2	3	4	5	N/A	
4. Attends regularly and is punctual.	1	2	3	4	5	N/A	
5. Demonstrates the ability to learn quickly.	1	2	3	4	5	N/A	

Student Name: _____

What suggestions do you have for this student which might further his/her professional development?

Are there specific courses or special training that should be taken by this student that would be helpful in his/her effort to achieve career/professional goals?

I have discussed this evaluation with the student: Yes Date: _____ No

Student Comments:

Student Signature

Date

Supervisor Signature

Date

Completed form and supplemental materials to be sent to the Office of Graduate Studies and Adult Learning.