

EVALUATION OF GRADUATE ASSISTANT EXPERIENCE

This form is to be completed by the Graduate Assistant/Graduate Research Assistant and to be discussed with the Supervisor at the completion of the assistantship. Both the assistant and the supervisor should sign the form which will be placed in the assistant's file.

Name of Graduate Assistant: _____

Name of Supervisor: _____

Role/Function of Graduate Assistant: _____

Please evaluate your experience in the following areas:

1. Orientation regarding your responsibilities:

2. The assistance you received in meeting these responsibilities, including regular and adequate communication with your supervisor:

3. Comment on how the experience met your expectations:

4. What recommendations would you have for strengthening the position?

5. Would you like to continue with this assistantship next semester, if eligible? *

**Assistantships are for a maximum of four semesters.*

Yes

No

6. Other comments:

Graduate Assistant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____