MOLLOY UNIVERSITY

Evaluation of Graduate Assistant by Supervisor

Name of Graduate Assistant: _____

Name of Direct Supervisor: _____

Semester: _____

Role or Function of Graduate Assistant: _____

Please provide an evaluation of the student in the following areas:

1. Implementation of Role:

2. Participation:

3. Competence:

4. Communication:

5. Do you want student to continue in their role next semester, if eligible? *
   ☐ Yes ☐ No
   Assistantships are for a maximum of **four semesters*

6. Other Comments:

Supervisor Signature_____

Date: _____