

**GRADUATE ASSISTANTSHIP PROGRAM  
SUPERVISOR'S EVALUATION**

STUDENT'S NAME: \_\_\_\_\_

SEMESTER: FA SP 20\_\_\_\_\_

**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, circle N/A.**

<u><i>Attitude</i></u>	<i>Strongly Disagree</i>			<i>Strongly Agree</i>		
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

*Communication/Organization Skills*

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

*Responsibility*

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

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

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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?

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**I HAVE DISCUSSED THIS EVALUATION WITH THE STUDENT:**

Yes \_\_\_\_\_ Date \_\_\_\_\_

Student signature: \_\_\_\_\_

Student Comments: \_\_\_\_\_

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No \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: Dean of Graduate Studies  
Millersville University  
Office of Graduate Studies  
Lyle Hall Room 231