

GRADUATE ASSISTANTSHIP PROGRAM SUPERVISOR'S EVALUATION

Student Name: _____ Student ID: _____

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.

ATTITUDE	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
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

Student Name: _____

What suggestions do you have for this student which might further their professional development?

Are there specific courses or special training that should be taken by this student that would be helpful in their 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.