

# UNIVERSITY OF SOUTH ALABAMA GRADUATE ASSISTANT EVALUATION FORM

Graduate Assistants should be evaluated on an annual basis.

Graduate Assistant Name: \_\_\_\_\_ J00 \_\_\_\_\_

Department: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Type of Assistantship: \_\_\_\_\_

Description of Assignment: \_\_\_\_\_

Rate the Graduate Assistant on each of the following criteria using a scale of 1-5 (1=lowest, 5=highest)

Criterion	Score
Job Performance	
Initiative	
Reliability	

Comments/Suggestions for Improvement:

\_\_\_\_\_  
Graduate Assistant Signature                      Date

\_\_\_\_\_  
Supervisor Signature                              Date

\_\_\_\_\_  
Supervisor Printed Name