

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