THE GRADUATE SCHOOL

GRADUATE ASSISTANTSHIP
EVALUATION FORM

SECTION I: Student and Department Information

Student Name: **VSU ID:**

Department: **Supervisor:**

Type of Graduate Assistant:

Special Projects ☐ Teaching Assistant ☐ Lab Assistant ☐ Research Assistant ☐ Instructor of Record ☐

SECTION II: Employee Evaluation

Evaluate the graduate assistant according to the following criteria at the end of the contractual period. Space is provided for additional comments. Once the form is completed, the Supervisor discusses the evaluation with the graduate assistant, and both sign the form in Section III. The Supervisor then scans and emails a copy of the form to the Graduate Student Services Coordinator at vsugradasst@valdosta.edu by April 30th for Spring, July 31st for Summer, or December 10th for Fall. (If the student was not under your employ long enough to evaluate, please indicate in the Comments section.)

For Academic Year:

CRITERIA	Excellent	Good	Fair	Poor
Quality of Work	☐	☐	☐	☐
Productivity	☐	☐	☐	☐
Reliability	☐	☐	☐	☐
Attitude to Work	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Initiative	☐	☐	☐	☐
Overall Rating	☐	☐	☐	☐

General
Comments:

SECTION III: Supervisor & Student Signatures

Student Authorization: My supervisor has discussed this evaluation with me and I have reviewed it. I authorize the release of information on this evaluation to potential future employers and the Graduate School Office.

Student Signature:_____ **Date:**_____

Supervisor Signature:_____ **Date:**_____