TA PERFORMANCE EVALUATION

Student ______________________________     Semester___________________

Assignment/Professor ______________________________________________

Please rate the Teaching Assistant named above on the following items:

1. Motivation and willingness to work.
   
   VERY LOW        VERY HIGH

2. Ability to meet deadlines.
   
   VERY LOW        VERY HIGH

3. Takes and follows directions.
   
   VERY LOW        VERY HIGH

   
   VERY LOW        VERY HIGH

5. Overall rating.
   
   VERY LOW        VERY HIGH

6. Would you want this person assigned to you again?
   
   VERY LOW        VERY HIGH

7. Please write any additional comments that you have about your TA:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO JENNIE LOFTIS