

Youngstown State University  
College of Graduate Studies

Graduate Assistant Evaluation Form

Name of Graduate Assistant: \_\_\_\_\_ Y Number: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties (Check One):  Teaching Assistant  Graduate Assistant  Other

**Instructions:** Please evaluate the performance of each Graduate Assistant (GA) under your supervision using the scale below. After completing the evaluation, discuss it with the Graduate Assistant and have him/her sign it. A graduate assistant must be evaluated at least once a semester.

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SCALE: 5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Unsatisfactory

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|--|---|
| _____ 1. Attendance                      | _____ 2. Attitude                             |
| _____ 3. Reliability/Dependability       | _____ 4. Quality of work                      |
| _____ 5. Works well with others          | _____ 6. Ability to accomplish assigned tasks |
| _____ 7. Willingness to learn new skills | _____ 8. Ability to maintain confidentiality  |
| _____ 9. Shows Initiative                | _____ 10. Communication with others           |

Total Points: \_\_\_\_\_ Overall Rating: \_\_\_\_\_

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Work Performance: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Concerns Exist

If concern is cited, plan of action must be communicated with the student and a summary in writing as an addendum to this form.

Comments:

- Has GA enrolled in at least 9 semester hours? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does GA maintain a 3.0 or higher cumulative GPA? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Would you recommend the reappointment of GA? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Signature of GA \_\_\_\_\_ Date \_\_\_\_\_

**Upon completion, a copy is to be given to the Graduate Assistant as well as a copy sent to Graduate Studies.**