

Graduate Assistant Performance Review

Graduate Assistant Name: _____ UCID: _____
 Employment Supervisor: _____ Department : _____
 Category of Appointment: _____ Academic Semester _____
 Date of Performance Review: _____

Rating Scale Defined:

E	Exceptional
S	Satisfactory
U	Unsatisfactory
N	Unknown / Not Applicable

General Evaluation:

Evaluation Areas	Rating
1. GA effectively completes assignments according to the Assignment of Assistantship Duties form and /or project requirements as scheduled.	
2. GA is reliable and prompt, consistently demonstrating accountability for scheduled office/laboratory/lecture time.	
3. GA is proficient and professional in oral and written communications and communicates effectively to foster and promote academic achievement.	
4. GA demonstrates technical and functional knowledge.	
5. GA interacts with students and supervisor effectively, contributing to an inclusive and welcoming learning environment.	
6. GA develops trust and demonstrates ethical behavior, including following all regulations regarding confidential information.	
7. GA appropriately handles issues and conflicts by analyzing problems effectively.	

Evaluators Comments:

(Please comment on specific aspects of the assistant's general performance by highlighting strengths and areas of development.)

Graduate Assistant's Comments:

(Please comment on specific aspects of the supervisor's assignments and guidance.)

The signature of the Graduate Assistant and Employment Supervisor indicates that they have had the opportunity to review and discuss the Assistant's performance; it does not imply agreement.

Graduate Assistant:

_____	_____	_____
Print Name	Signature	Date

**Employment
Supervisor:**

_____	_____	_____
Print Name	Signature	Date

Cc: Student Copy

Department File