

## THE GRADUATE SCHOOL

## GRADUATE ASSISTANTSHIP **EVALUATION FORM**

Student Name: VSU ID:

Department: Supervisor:

**Type of Graduate Assistant:** 

Administrative Teaching Lab Research Instructor of Assistant Assistant Assistant Record

## SECTION II: Employee Evaluation

Evaluate the graduate assistant according to the following criteria at the end of the academic year. 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. (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. Sup	ervisor & Student Signatures
Student Authorization: My supervisor has disc authorize the release of information on this ev	cussed this evaluation with me and I have reviewed it. I valuation to potential future employers and the Graduate
School Office.	
Student Signature:	Date:
Supervisor Signature:	Date: