Teaching Assistant Evaluation

Name of TA: _____

Semester/Year: _____ Course: _____

Evaluator: _____

Primary responsibilities: _____ Lab instructor

_____ Recitation instructor

_____ Grader

_____ Other _____

Overall evaluation: _____ Excellent

_____ Satisfactory

_____ Needs improvement

Comments:

Signed: _____ _____ _____

Instructor TA Date

Give one copy to student and one to Shannon.