

**PhD in International Conflict Management Program
Graduate Assistant Evaluation Form**

Graduate Assistant Name: _____

Supervisor Name: _____

Semester/Year: _____

I. Summary of the Assigned GRA Task(s): Brief summary of the work assigned to the GRA/GTA.

II. Quality of Work Product: (Graduate Assistant's ability to complete assigned tasks with a minimum of errors and repeat requests, as defined by the Professor).

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

III. Timeliness of Assigned Tasks: (Graduate Assistant's ability to complete work requests in a timely manner, as defined by the Professor).

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

IV. Reliability (Graduate Assistant's availability during scheduled class times (if GTA), office hours, or other times as required by the position)

Rating: (3)Excellent _____ (2)Good _____ (1)Needs Improvement _____

Comments:

Graduate Assistant Response/Comments (Comments, if any, regarding evaluation should be provided here. Additional pages can be attached if needed).

Student Signature

Date:

Supervisor Signature

Date:

Student Signature

Faculty Signature

Date

Signature indicate that the graduate assistant has read and understood the assessment and has discussed it with the evaluator. The signatures do not imply agreement.