



Graduate Studies, Stratton Administration Center  
 P.O. Box 730 • Kutztown, PA 19530 • (610) 683-4220

**GRADUATE ASSISTANT PERFORMANCE EVALUATION**

Please return this form to the Graduate Studies Office

Supervisor \_\_\_\_\_

Name of Graduate Assistant \_\_\_\_\_ Student ID \_\_\_\_\_

Department Assignment \_\_\_\_\_

Semester/Academic Year \_\_\_\_\_

Hours per week (if more than 20 hours per week) \_\_\_\_\_

	Excellent	Very Good	Satisfactory	Unsatisfactory	Not Applicable
Quality of work					
Knowledge of departmental policies and procedures					
Knowledge of departmental mission					
Attendance & reliability					
Cooperation					
Initiative and resourcefulness					
Professionalism & attitude					
Interaction with co-workers					
Communication skills – verbal					
Communication skills – written					
Interaction with stakeholders					
Overall performance					

OVER

