



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

GRADUATE ASSISTANT SURVEY

Please complete this form at the conclusion of your graduate assistantship appointment.

Student Name: _____ Student ID _____

Graduate Program: _____

Graduate Assistant Supervisor: _____

Assigned Department: _____

Semester: _____ Hours per week: _____

Quality of Experience

Please indicate your agreement with each statement using a scale from 1- 5 where (1) is *strongly disagree* and (5) is *strongly agree*. If the statement does not apply, circle N/A.

	Strongly Disagree				Strongly Agree	
The assistantship provided me with a challenging learning experience	1	2	3	4	5	N/A
The assistantship helped me to expand knowledge and skills related to my degree program	1	2	3	4	5	N/A
I had sufficient experience/education to perform at the level expected by my supervisor	1	2	3	4	5	N/A
The assistantship gave me the opportunity to perform a series of progressively advanced tasks	1	2	3	4	5	N/A
The experience provided me with the information I need to further pursue my career goals	1	2	3	4	5	N/A
The employees I worked with were helpful to my experience	1	2	3	4	5	N/A
The feedback given to me was honest and beneficial	1	2	3	4	5	N/A
The department/office allowed me to interact in different environments within the workplace	1	2	3	4	5	N/A
The overall experience met my expectations	1	2	3	4	5	N/A

