



TEACHING ASSISTANT PERFORMANCE FORM

Name of the Teaching Assistant: _____
 Quarter/Year: _____
 Class/Section: _____
 Supervisor/Evaluator: _____

I. TEACHING: *Classroom Observation Evaluation Form* attached: ___ YES ___ NO

II. ATTENDANCE YES NO NOT REQUIRED

	YES	NO	NOT REQUIRED
Departmental Orientation (checked by the department)			
Language Program Orientation			
Weekly Meetings			
Workshops			
Lecture (if applicable)			

III. COOPERATION & COLLABORATION EXCELLENT GOOD POOR N/A - UNKNOWN

	EXCELLENT	GOOD	POOR	N/A - UNKNOWN
Active Participation in TA Meetings				
Sharing Materials with Other TAs				
Offering Help to Other TAs				

IV. OTHER DUTIES YES NO N/A NOTES

	YES	NO	N/A	NOTES
Course Preparation				
Record Keeping				
Prompt Return of HW to Students				
Office Hours				

Additional Comments:

Coordinator/Supervisor completing this form:

Signature: _____ **Date:** _____