Graduate Assistant Evaluation Form
Graduate Program in Public Policy
School of Public Policy
Oregon State University

Semester: ___Fall ___Winter ___Spring Year: _____

Name of Graduate Assistant: ____________________________________________

Name of supervising faculty member: ________________________________

This evaluation form represents a means through which faculty can provide feedback to their graduate assistants at the close of each quarter. At the close of each quarter, faculty who have a graduate assistant working under them should complete this form and forward it to the Director of the Public Policy Graduate Program. Although each of the questions will not necessarily apply to the current supervising faculty member / graduate assistant working relationship, faculty are encouraged to fill this form out to the best of their ability and pursuant to the expectations of the assistant as discussed at their initial meeting. Faculty members who do not submit a completed and signed evaluation form at the end of the quarter may be moved to the end of the queue for future assistantship support.

Signature of Faculty member: ___________________________ Date: ____________

Signature of student: ___________________________________ Date: ____________

A. Faculty should evaluate the graduate assistant’s performance on the following criteria and on a scale of 1 to 5, with 1=being representative of “strongly disagree” and 5=being representative of “strongly agree”. Alternatively, a “N/A” may be placed next to items which are not applicable to the expectations and duties of the particular graduate student.

1. ____ The graduate assistant established and kept office hours at times which allowed adequate access to undergraduates who had questions or needed help.

2. ____ The graduate assistant evaluated undergraduate work in a fair, helpful manner and in accordance with the supervising faculty member’s grading policies and standards.

3. ____ The graduate assistant took an active role in lecturing and /or undergraduate students in a timely manner.
4. ___ The graduate assistant attended (when the supervising faculty member requested) the class that they were assisting with.

5. ___ The graduate assistant took an active role in lecturing and/or in the preparation of lectures.

6. ___ The graduate assistant took an active part in the construction of syllabi, tests, and assignments.

7. ___ The graduate assistant made a concerted effort to meet with the supervising faculty member and to keep up to date with the progress of the class.

8. ___ The graduate assistant was able to complete most tasks without excessive supervision by the supervising faculty member.

9. ___ The graduate assistant provided research support for the faculty member in an efficient and competent manner.

10. ___ The graduate assistant has shown promise in developing her/his own teaching and/or research skills as a result of this assistantship.

11. ___ I would like this student to be assigned to me again in the future.

B. Open ended comments. If the supervising faculty member chooses, she/he may make general or specific comments here regarding the graduate assistant. Especially helpful are elaborative comments on the questions noted above as well as special concerns or accomplishments regarding this graduate assistant.
GTA/GRA JOB DESCRIPTION

Provide a thorough description of the GTA/GRA’s role and responsibilities, as you know them to be at this point. List duties, projects, and activities that are required and the hours of the week expected (based on FTE).

GRA/GTA FTE: __________________

GTA/GRA RESPONSIBILITIES:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

GRTA/GRA Signature  ____________________________________________________________

Faculty Supervisor Signature  _______________________________________________________ 

Date  __________________________________________________________