

**Review Form for
Graduate and Teaching Assistants**

Name of Graduate Assistant: _____ Date: _____

Job Title: _____

Time Period of Review:

Review instructions: Faculty member and graduate research/teaching assistant (GRA/GTA) discuss job performance during the review period. Please include in this discussion GRA/GTA's quality of work, completion of assigned tasks, and professionalism.

Faculty feedback:

Following the discussion with the GRA/GTA about his/her job performance, give the rating:

___ Satisfactory

___ Unsatisfactory

Comments regarding the rating are required (additional pages may be attached).

Faculty: _____

Signature & Date

Graduate Assistant feedback:

Following the discussion with my supervising faculty regarding my performance to date:

___ I agree with the evaluation

___ I disagree with the evaluation

Comments are required when disagreeing with the evaluation (additional pages may be attached).

Graduate/Teaching Assistant: _____

Signature & Date

If the GRA/GTA has an unsatisfactory performance, the Faculty and the GRA/GTA should develop an action plan (a separate document that is to be attached) which includes the necessary corrective actions to be completed by the GRA/GTA, and second review is required. If the student, does not meet the requirements of the action plan, they may be terminated and/or deemed ineligible for future GRA/GTA positions.

Second review date will be: _____

Faculty Member Signature

Graduate Assistant Signature