

**NORTHERN ARIZONA UNIVERSITY
DEPARTMENT OF BIOLOGICAL SCIENCES
FLAGSTAFF, ARIZONA, U.S.A.86011-5640**

EVALUATION OF TEACHING ASSISTANTS AND FACULTY ASSOCIATES

STUDENT'S NAME: _____ **COORDINATOR:** _____

POSITION: _____ **COURSE:** _____ **SEM/YEAR:** _____

Course Coordinators:

Evaluation of Faculty Associates and Teaching Assistants is a crucial part of their training as teachers. This evaluation should be based on classroom observation on at least two occasions throughout the semester, preferably at widely separated times. Constructive criticism should be given to the student during a personal meeting within a few days of each observation.

This form should be completed and discussed with the student after the last observation and prior to the end of a semester. Please comment on the student's performance in areas listed below. Be specific and provide examples where possible. Copies should be provided for the student and the student's departmental file.

DATES OBSERVED: _____ **MATERIAL PRESENTED:** _____

I. KNOWLEDGE OF SUBJECT MATTER (organization, appropriate level, response to questions, etc.)

II. DEMEANOR, APPEARANCE, CONTROL OF CLASS, RELATIONSHIP WITH STUDENTS

III. EXAMINATIONS AND QUIZZES (appropriate level, equal coverage of material, readily understood, etc.)

IV. PARTICIPATION IN MEETINGS, PREP SESSIONS, COMPLETION OF OUT-OF-CLASS ASSIGNMENTS

V. OVERALL EVALUATION: **SATISFACTORY** **UNSATISFACTORY**

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Distribution of this form:
Departmental file
Student