School of Computer Science
Teaching Assistant Performance Evaluation Form for

TA Supervisor: ___________________________ Term: ___________________________

Please rate the performance of the Teaching Assistant named below by circling the appropriate number. Ignore any categories which are not applicable to your course. The Teaching Assistant will receive a copy of this performance evaluation. Please return this form to Paula Zister's mailbox located in DC 2326A, as soon as possible. Thank you.

Teaching Assistant: ___________________________

Rating Category

<table>
<thead>
<tr>
<th>Rating Category</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<td>Industriousness</td>
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<td>Reliability &amp; Responsibility</td>
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<td>Ability to Assist Students</td>
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<td>Preparation (before labs, etc.)</td>
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<td>Knowledge of Material</td>
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<td>Punctuality (lab attendance, returning marked papers, etc.)</td>
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<td>English Language Fluency</td>
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<td>Overall Rating</td>
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Rating Scale:
6 = Excellent
5 = Very Good
4 = Good
3 = Poor
2 = Unacceptable
1 = Insufficient Opportunity to Observe

How many hours per week (on average) were required? _______________________________________

How many weeks did the student perform the TA duties? _______________________________________

Please provide a brief overview of the duties performed by the TA: ____________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Remarks: ______________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

If you would like this student considered for a TA award, please fill out the attached nomination form.

Signature: ___________________________ Date: ___________________________