



College of Health & Social Services

Department of Health Science
MSC 3HLS
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EVALUATION OF GRADUATE ASSISTANTS

(to be completed at the end of each semester by faculty supervisors)

Name of Student: _____

Name of Faculty Supervisor: _____

Semester/Year Being Evaluated _____

Date of Evaluation: _____

1. A regular work schedule was established Yes No

Days/Time/Hours: _____

2. Description of student's work/contribution to research and/or teaching. _____

3. Quality of Work: Please comment on the strengths and areas of improvement that you observed as assignments (teaching and/or research) were being completed. Please be specific. _____

4. Timeliness of Work: Please comment and be specific. _____

5. Schedule of Work: Please comment on the student's ability to maintain regular work hours and fulfill his/her time commitments. _____

6. Exemplary Work: Please comment on work done that was particularly outstanding. If applicable, give an example. _____

7. Based on your evaluation, how would you rate the student's overall performance as a GA? Please include constructive suggestions.

- Superior
- Satisfactory
- Needs Improvement

Please include constructive suggestions below:

Would you recommend the student for a teaching and/or research assistantship in the future?

Yes

No

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- *Please submit your completed evaluation to the Academic Department Head, Department of Health Science*
 - *Please share your evaluation comments with your GA, and provide a copy for their file*