



College of Health & Social Services

Department of Health Science

MSC 3HLS

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EVALUATION OF FACULTY SUPERVISORS

(to be completed at the end of each semester by each graduate assistant)

Name of Faculty Supervisor: _____

Name of Student: _____

Semester/Year Being Evaluated _____

Date of Evaluation: _____

1. An initial meeting was held on or before the first day of class: Yes No
2. Your GA assignment was discussed in detail: Yes No
3. Your expectations and tasks were clearly defined: Yes No
4. Your faculty supervisor plans and organizes your GA work and helps to establish appropriate priorities: Yes No
5. Your faculty supervisor is well organized and uses meeting times with you appropriately: Yes No
6. Your faculty supervisor sets a workload that is appropriate for a 10-20 hour GA'ship. Yes No
7. Description of duties that were expected of you as a graduate assistant.

8. Please comment on the ability of your supervisor to define expectations and tasks clearly.

9. Please comment on the appropriateness of workload and time allowed for completion of tasks.

10. Please comment on your supervisor's willingness to work with you and keep scheduled appointments/meetings.

11. Please comment on strengths and areas that need improvement within the GA/supervisor relationship.

12. Please comment on the overall experience with your GA supervisor and your willingness to work with him/her again.

13. Based on your evaluation, how would you rate the faculty supervisor's performance as a GA supervisor? Please include constructive suggestions.

- Superior
- Satisfactory
- Needs Improvement

Please include constructive suggestions below:

Would you recommend the professor as a GA supervisor in the future?

Yes

No

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- *Please submit your completed evaluation to the Academic Department Head, Department of Health Science*