



UNIVERSITY OF KENTUCKY

TA End-of-Semester Assessment

Department Name

Semester & Year Evaluated

Graduate Student Name _____

Student ID # _____

Please check role:

- Classroom or laboratory contact TA Non-contact TA (grading TA or lab prep)

Course(s)/section(s) associated with TA's duties _____

Evaluation of Performance:

Please evaluate the student's performance in the following areas:

	Excellent	4	Acceptable	3	Problematic	1	
Apparent content knowledge	5	4	3	2	1		
Management of the course preparations	5	4	3	2	1		N/A
Ability to grade student work accurately and in a timely manner	5	4	3	2	1		N/A
Performance during office hours and review sessions	5	4	3	2	1		N/A
Availability to students	5	4	3	2	1		N/A
Ability to communicate student concerns to course coordinator/instructor(s)	5	4	3	2	1		N/A
Planning and supervising of laboratory experiments	5	4	3	2	1		N/A
Overall TA performance	5	4	3	2	1		

Please include comments below or attach a separate sheet

Comments from TA (Attach a separate sheet if needed)

TA Supervisor Signature: _____

Date: _____

TA Signature: _____

Date: _____