



**College of Family and Consumer Sciences**  
**UNIVERSITY OF GEORGIA**

Graduate Assistant Performance Evaluation

Student's Name: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_  
 Semester: \_\_\_\_\_

**Supervisor Directions:** Related to work performance, check one rating for every criteria, complete the strengths/weaknesses, and check whether recommending for re-appointment. Provide an explanation for any criteria marked as a 1 or 2. Meet with the graduate assistant to review their performance evaluation before obtaining signatures. Return the signed performance evaluation to the Director of Graduate Studies before the deadline of the semester: December 15 for Fall or May 1 for Spring. Department saves a copy of the signed performance evaluation to the R:\GRAD ASSTS\!FY XXXX\Department\Performance Evaluations folder.

*Guide: 1: Unsatisfactory; 2: Needs Improvement; 3: Acceptable; 4: Satisfactory; 5: Outstanding*

Criteria	1	2	3	4	5
1.) Attendance & punctuality: Attends required meetings and/or trainings. Arrives to work on time. Informs supervisor in advance of planned absences.					
2.) Dependability: Honors time commitment to appointments. Displays reliability.					
3.) Interpersonal relations: Works well with a variety of faculty, staff, students, visitors, volunteers, and individuals external to UGA.					
4.) Attitude: Displays a professional manner at all times.					
5.) Initiative: Demonstrates independent thinking and willingness to offer suggestions.					
6.) Problem solving skills: Interprets, investigates, and resolves issues related to work tasks.					
7.) Quality of work: Produces a satisfactory level of work consistently.					
8.) Timely completion of work: Finishes assigned tasks in a prompt manner.					
9.) Communication: Informs supervising faculty of work progress routinely. Exhibits effective oral/written communication skills.					
10.) Follow Instructions: Performs work with adequate speed and accuracy consistent with the directive provided by the supervising faculty.					
<i>Overall Performance Rating</i>					

Strengths:	
Weaknesses:	

Recommended for re-appointment: \_\_\_ Yes \_\_\_ No

Supervisor Comments:	
Student Comments:	

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Graduate Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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