

William Paterson University
Office of Graduate Studies
Graduate Assistant Performance Assessment

Graduate Assistant's Name: _____ **ID#** _____

Program: _____

Supervisor: _____

Directions: Please respond to the following questions and provide comments as needed for each graduate assistant assigned to your area/unit. The goal is to provide feedback that is helpful and constructive, which can be used to improve performance.

1. She/he maintains a professional attitude at work.

Always Almost Always Sometimes Rarely Never

Comments: _____

2. She/he completes the work assignments on time.

Always Almost Always Sometimes Rarely Never

Comments: _____

3. She/he completes assignments in a thorough and efficient manner.

Always Almost Always Sometimes Rarely Never

Comments: _____

4. She/he is able to balance the demands of both academic and work responsibilities.

Always Almost Always Sometimes Rarely Never

Comments: _____

5. She/he reports to work regularly and on time.

Always Almost Always Sometimes Rarely Never

Comments: _____

6. She/he interacts well with others.

Always Almost Always Sometimes Rarely Never

Comments: _____

7. She/he shows initiative at work.

Always Almost Always Sometimes Rarely Never

Comments: _____

8. She/he readily asks questions as needed for clarity on work or research assignments.

Always Almost Always Sometimes Rarely Never

Comments: _____

9. She/he is able to appropriately balance the demands of both academic and work responsibilities.

Always Almost Always Sometimes Rarely Never

Comments: _____

10. she/he has fulfilled the intended requirements of the appointment.

Very Well Well Somewhat Well Not Well At All

Comments: _____

11. Upon completion of this academic year, it is my recommendation that this Graduate Assistant be (**check one**):

___ reappointed in this unit/area for the next academic year.

___ not reappointed for the next academic year. Please provide reasons on separate sheet.

___ not reappointed for the next academic year (**academic program completed**).

___ reassigned to another unit/area. Please provide reasons on separate sheet

___ other

Supervisor's Signature _____ Date: _____

Graduate Assistant's Signature _____ Date: _____
(Signature indicates that the contents of this document have been reviewed and discussed with the Graduate Assistant.)