

Performance Evaluation of Invigilator

NOTE: You only need to fill in this form for those invigilators with an overall rating of **unacceptable**.

To be filled in by the Supervisor after each examination session.

Name of Invigilator:	
Department:	
Faculty:	
Course Number (if applicable):	
Term and Year:	
Date Invigilator worked:	
Invigilator's Supervisor:	

The purpose of this evaluation is to assess the Invigilator's performance and thereby assist them in developing and improving their skills, and ensure a standard of acceptable employee performance. Any concerns regarding the performance review may be directed to the Invigilator Supervisor.

Process:

Please assess the Invigilator's performance in carrying out invigilation tasks.

Rating scale:	Responsibilities:	Comments:
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Was familiar with University exam policies and procedures	

<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Properly assisted in set-up of exams and other activities prior to exam.	
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Properly monitored students during exams.	
<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Properly assisted Supervisor at the end of exams.	

Additional comments (if necessary):

Invigilator's Signature:

**I have seen, discussed and understood
 this Evaluation**

Date:

Supervisor's Name:

Supervisor's Signature:

Date:

Note: Should the employee have any concerns with the performance evaluation they may discuss their concerns with their Supervisor or with the Supervisor's superior.

Copies:

Invigilator
 Supervisor
 Official File