

## Performance Evaluation for Academic Assistantship Form

Academic Assistant Name:	
Department:	
Faculty	
Course Number (if applicable):	
Term and Year:	
Supervisor's name:	

The purpose of this evaluation is to assess the Academic Assistant performance and thereby assist them in developing and improving their skills, and ensure a standard of acceptable employee performance. An employee's ongoing performance is normally subject to a formal written evaluation once during any academic semester of appointment. This evaluation must be discussed with the Assistant within thirty (30) days of the performance evaluation. Any concerns regarding the performance review may be directed to the Department/School Chair/Director.

This evaluation has six parts: A) General, B) Knowledge, C) Communication and Interaction with Students, D) Overall Evaluation, E) Employee Comments, and F) Signatures. To complete the evaluation both the Supervisor and the Assistant must sign and date the form, after a discussion has taken place. Please use the following guide to rate the Teaching Assistant's performance in each of the areas.

N/A = Not applicable

- 1 = unacceptable
- 2 = satisfactory / some improvement required
- 3 = good / accomplishes tasks diligently and well
- 4 = excellent / accomplishes all tasks at a high level

A) GENERAL: Please assess the Assistant's performance in carrying out tasks related to scheduling, time management, and according to supervisor's instructions. N/A 1 2 3 4 **Additional Comments** O O 0 0 0 Overall preparation O O O O O Time management during term

Quality of grading of course assignments	0	0	0	0	0					
Timeliness in returning graded assignments/exams	0	0	0	0	0					
Brings an attitude of professionalism to their work	0	0	0	0	0					
Adheres to University policies on Human Rights, Harassment Prevention, Occupational Health and Safety among other policies.	0	0	0	0	0					
B) KNOWLEDGE: Please assess the Assistant's knowledge or level of expertise in the subject matter being taught and the job duties carried out.										
	N/A	1	2	3	4	Additional Comments				
Knowledge/understanding of course material	0	0	0	0	0					
Technical competence (e.g. in laboratory sessions)	0	0	0	0	0					
Knowledge/understanding of job description.	0	0	0	0	0					
C. COMMUNICATION AND INTERACTION WITH STUDENTS: Please assess the interaction between the Assistant and the students taking the course.										
	N/A	1	2	3	4	Additional Comments				
Competence as a discussion leader or laboratory instructor	0	0	0	0	0					
Accessibility during scheduled office hours	0	0	0	0	0					
Clarity of presentation/explanations	0	0	0	0	0					
Encourages student discussion	0	0	0	0	0					
Expresses ideas clearly	0	0	0	0	0					
Responds clearly to student questions	0	0	0	0	0					
Deals with all students respectfully and thoughtfully	0	0	0	0	0					

and creates an atmosphe mutual respect.	ere of							
Student work is treated seriously and fairly.		0	0	0	0	0		
D. OVERALL EVALUAT	ION OF	ASSIS	TANT:					
O 1. Unacceptable	O 2. Satisfactory			O 3. Good			O 4. Excellent	
Comments:								
Supervisor's Name:								
Signature: Date:								
E) ACADEMIC ASSITANT COMMENTS:								
The academic assistant may add their written comments to the performance evaluation if they so desire.								
Employee Signature: Date: I have seen, discussed and understood this Evaluation								
F) Signatures: Both the Supervisor and the Academic Assistant shall sign this form to indicate that a discussion took place.								
Supervisor's signature:_					_ Date:	:	_	

Copies:

Academic Assistant Supervisor Chair/Director Official File