

Performance Evaluation of Lab Monitor

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

The purpose of this evaluation is to assess the Lab Monitor performance and thereby assist them in developing and improving their skills, and ensure a standard of acceptable employee performance. A Lab Monitor'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 Lab Monitor 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 Lab Monitor must sign and date the form, after a discussion has taken place. Please use the following guide to rate the Lab Monitor'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 Lab Monitor'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
Time management during term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brings an attitude of professionalism to his/her work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Adheres to University policies/guidelines on Human Rights, Harassment Prevention, Occupational Health and Safety, Guide to Civility, among other policies/guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B) KNOWLEDGE: Please assess the Lab Monitor's knowledge or level of expertise in the job duties carried out.						
	N/A	1	2	3	4	Additional Comments
Technical competence (e.g. in laboratory sessions and troubleshooting and addressing hardware and software issues, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriately monitoring the physical environment and equipment of the assigned lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge/understanding of job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. COMMUNICATION AND INTERACTION WITH STUDENTS:						
	N/A	1	2	3	4	Additional Comments
Competence in providing technical support and guidance to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expresses ideas clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds clearly to student questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deals with all students respectfully and thoughtfully and creates an atmosphere of mutual respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. OVERALL EVALUATION OF ASSISTANT:						
<input type="checkbox"/> 1. Unacceptable	<input type="checkbox"/> 2. Satisfactory		<input type="checkbox"/> 3. Good		<input type="checkbox"/> 4. Excellent	

Comments:

Supervisor's Name: _____

Signature: _____ Date: _____

E) LAB MONITOR COMMENTS:

The employee 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: _____

Give one copy, with signatures in ink, to Department Staff Member, who will distribute:

Copies: Academic Assistant
 Supervisor
 Chair/Director
 Official File

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