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:
☐ **YES** ☐ **NO** ☐ **N/A**	Was familiar with Ryerson exam policies and procedures	

☐ **YES** ☐ **NO** ☐ **N/A**	Properly assisted in set-up of exams and other activities prior to exam.	
☐ **YES** ☐ **NO** ☐ **N/A**	Properly monitored students during exams.	
☐ **YES** ☐ **NO** ☐ **N/A**	Properly assisted Supervisor at the end of exams.	

Additional comments (if necessary):

Invigilator's Signature: _____ **Date:**

I have seen, discussed and understood this Evaluation

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
Academic Integrity Office
CUPE Local 3904 Unit 3

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