



**TEACHING ASSISTANT PERFORMANCE FORM**

Name of the Teaching Assistant: \_\_\_\_\_  
 Quarter/Year: \_\_\_\_\_  
 Class/Section: \_\_\_\_\_  
 Supervisor/Evaluator: \_\_\_\_\_

**I. TEACHING:** *Classroom Observation Evaluation Form* attached: \_\_\_ YES \_\_\_ NO

**II. ATTENDANCE** YES NO NOT REQUIRED

	YES	NO	NOT REQUIRED
Departmental Orientation (checked by the department)			
Language Program Orientation			
Weekly Meetings			
Workshops			
Lecture (if applicable)			

**III. COOPERATION & COLLABORATION** EXCELLENT GOOD POOR N/A - UNKNOWN

	EXCELLENT	GOOD	POOR	N/A - UNKNOWN
Active Participation in TA Meetings				
Sharing Materials with Other TAs				
Offering Help to Other TAs				

**IV. OTHER DUTIES** YES NO N/A NOTES

	YES	NO	N/A	NOTES
Course Preparation				
Record Keeping				
Prompt Return of HW to Students				
Office Hours				

**Additional Comments:**

**Coordinator/Supervisor completing this form:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_