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| **Information** |
| All graduate assistants employed by the Department of Forest Engineering, Resources and Management (FERM) will complete at least one evaluation with their primary supervisor **annually**. *It is strongly recommended that graduate employees supervised by multiple supervisors complete a new form for each RA or TA position.*  The graduate employee and their supervisor will use the check-boxes to indicate performance and the ‘summary of work’ columns to provide pertinent information. Additional comments may be provided by the graduate employee and/or their supervisor. The graduate employee, their supervisor, and the FERM Department Head will each sign this form. **A copy will be kept in the graduate employee’s personnel file.**  *An unsatisfactory employee evaluation could limit the student from getting future graduate assistantships. Additionally, maintaining satisfactory academic progress is required for continued eligibility for graduate assistantships.* |

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| Employee Name |  | | Supervisor Name |  |
| Date of Evaluation | |  | | |

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| **Teaching Assistant (leave blank if not applicable)** | | | |
| **Performance Level**  **(check one)** | |  | |
| **Exceeded Expectations** | **Met Expectations** | **Did Not Meet Expectations** | **Summary of work**  *List the term(s) of employment, duties assigned, course(s) of record, and indicate level of performance.* |
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| **Research Assistant (leave blank if not applicable)** | | | |
| **Performance Level**  **(check one)** | |  | |
| **Exceeded Expectations** | **Met Expectations** | **Did Not Meet Expectations** | **Summary of work**  *List the term(s) of employment, duties assigned, and indicate level of performance.* |
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| **Other academic/professional service (leave blank if not applicable)** | | | |
| **Performance Level**  **(check one)** | |  | |
| **Exceeded Expectations** | **Met Expectations** | **Did Not Meet Expectations** | **Summary of work**  *List the duties assigned and indicate level of performance.* |
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| **Student comments or recommendations (if any)** |  |
| **Advisor comments or recommendations (if any)** |  |

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| **Signatures** | |
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| **Supervisor 1** | **Date** |
|  | |
| **Supervisor 2 (if applicable)** | **Date** |
| *My signature below signifies that I have received and read the above evaluation.*  *I realize that I have thirty (30) days to submit a written rebuttal for inclusion in my personnel file.* | |
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| **Graduate Employee** | **Date** |
|  | |
| **Department Head** | **Date** |