

Graduate Assistant Evaluation Form
University of Georgia
Department of Textiles, Merchandising and Interiors

Faculty Supervisor's Name: _____ Date: _____

Student's Name: _____

1. How long has this student been working for you and in what capacity? How many hours per week are they assigned to work for you? (13 hrs, 6.5 hrs, etc)

2. Please indicate your perceptions of the student's competence in the following areas:

Unsatisfactory Needs Acceptable Satisfactory Outstanding
Improvement

Reliability

Commitment

Initiative

Punctuality

Quality of Work

Communication

3. Please provide below any other comments you may have.