

Departmental TA Evaluation Form

Student Name: _____

Class: _____ Section: _____

Instructor: _____ Quarter: _____

Please check the boxes below.

GRADE:

Pass

No Pass

- | | | | |
|--|-----|----|-----|
| 1. Was the TA knowledgeable about the material?
Additional Comments: | Yes | No | N/A |
| 2. Was the TA concerned about student learning?
Additional Comments: | Yes | No | N/A |
| 3. Was the TA organized and well prepared?
Additional Comments: | Yes | No | N/A |
| 4. Was the TA available to their students?
Additional Comments: | Yes | No | N/A |
| 5. Overall, did the TA meet your expectations?
Additional Comments: | Yes | No | N/A |
| 6. Assessment/ Additional Comments: | | | |