

SCHOOL OF COMMUNICATION
WESTERN MICHIGAN UNIVERSITY

Master's Program

FORM X: GRADUATE ASSISTANT PERFORMANCE REVIEW

Student Name: _____
(PLEASE PRINT)

Mid-Term Teaching Assistant Performance Criteria

Date: _____

(to be completed in consultation with supervising professors)

Performance in instruction:

- ☐ exceeds expectations
- ☐ meets expectations
- ☐ below expectations

Comments: _____

Contributions to the management of instruction:

- ☐ exceeds expectations
- ☐ meets expectations
- ☐ below expectations

End-Term Teaching Assistant Performance Criteria

Date: _____

(to be completed in consultation with supervising professors)

Performance in instruction:

- ☐ exceeds expectations
- ☐ meets expectations
- ☐ below expectations

Comments: _____

Contributions to the management of instruction:

- ☐ exceeds expectations
- ☐ meets expectations
- ☐ below expectations

Comments: _____

SUPERVISING FACULTY _____ DATE _____

STUDENT _____ DATE _____

DIRECTOR, GRADUATE STUDIES _____ DATE _____