

## CSAM Instructional Assistant Evaluation Form

The form is to be completed by the senior laboratory instructor or faculty member in charge of the course to which the instructional assistant is assigned. An instructional assistant includes, but is not limited to, markers, laboratory teaching assistants, tutorial leaders, undergraduate assistants involved in teaching, and any others contracted hourly for teaching or other instructional assistance in CSAM. This definition does not include part-time instructors. This evaluation is intended to:

- 1) inform the IA of the results of his/her efforts as an instructional assistant as assessed by the supervisory faculty;
- 2) aid the Chair of the program concerned in assigning IA positions;
- 3) assess the suitability of an IA for subsequent IA assignments; and
- 4) provide an instrument for the assessment of satisfactory performance as an instructional assistant by a graduate student holding a continuing teaching assistantship.

Name of IA: \_\_\_\_\_  Graduate Student  
 Undergraduate Student  
Title of Course: \_\_\_\_\_  Other \_\_\_\_\_  
Course Number: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Teaching-related responsibilities (outlined in Workload Agreement; check all appropriate boxes):

Classroom Teaching       Tutorial Teaching       Marking       Laboratory Teaching

Number of sections \_\_\_\_\_ Number of students enrolled \_\_\_\_\_

Name of Supervisory Faculty (this course): \_\_\_\_\_

Name of Graduate Supervisor (Graduate Students only): \_\_\_\_\_

### SECTION A: To be completed by supervisory faculty.

Addendum to previously filed form:  Yes       No

Rating of IA performance:  Excellent       Very Good       Satisfactory       Unsatisfactory

Would you want this individual as an IA again in the same capacities again?  Yes       No  
(include clarification in comments section as needed)

Comments (**Required**; Additional pages may be used as necessary)

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Signature (Supervisory Faculty) \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B: To be completed by instructional assistant.**

Would you recommend changes to the Workload Agreement for this position?  Yes  No  
(If yes, please comment below.)

Would you accept appointment to this position again?  Yes  No

Comments (Additional pages may be used as necessary)

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I have read both sections A and B of this form.

Signature (Instructional Assistant) \_\_\_\_\_ Date \_\_\_\_\_

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**SECTION C: To be completed by the Chair responsible for the delivery of the course and forwarded to the CSAM Dean's Office.**

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Name	Program	Signature	Date
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