

Optional Instructor Evaluation Form:

Name of Supervisor: _____ Name of Student (optional): _____

Course (including semester taught, time, days) _____

Training Area of Student _____

Please answer the questions regarding your experience as a TA below. If you answer 'No' to any of the questions, please elaborate (though comments are welcome if you answer 'Yes' as well. Please note that this form is OPTIONAL.

Please Return to Laurie Chassin's Mailbox

Did the Instructor:

A. make the experience educational for the TA(s)? Yes No
Comments

B. make expectations clear? Yes No
Comments

C. treat TA(s) and students with respect and responsiveness to their needs? Yes No
Comments

D. allocate the TA(s) a reasonable workload? Yes No
Comments

E. allow for input from the TA(s) regarding the class? (e.g., was the instructor open to discussing your thoughts on test questions or answer keys?) Yes No
Comments

F. provide feedback to the TA(s)? That is, did the instructor provide you with clear and fair feedback regarding the quality of your work throughout the semester? Yes No
Comments

H. Overall Evaluation of mentoring: Excellent Good Satisfactory Unsatisfactory

Comments: In particular, what feedback would you like the instructor to get?