**Beginning of Semester Graduate Assistant Evaluation Form**

**Graduate Assistant’s Name: R#:**

**Faculty Supervisor’s Name(s): Academic Semester of Evaluation:**

***COMPLETED BY FACULTY SUPERVISOR THEN DISCUSSED WITH STUDENT***

**Summary of graduate assistant’s responsibilities/duties during the upcoming semester:**

**Goals to be achieved (or to work toward) by the graduate assistant during the upcoming semester:**

[ ]  Goal #1:

[ ]  Goal #2:

[ ]  Goal #3:

[ ]  Goal #4:

[ ]  Goal #5:

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**Supervisor Signature Date**

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**Graduate Assistant Signature Date**