**STUDENT FORM**

# **Department of Child and Family Studies**

## Graduate Assistantship Evaluation

##  (2018-2019 Academic Year)

Name of Supervisor(s): Date:

Name of GRA/GTA:

### ASSESSMENT OF CURRENT ASSIGNMENT

1. Name/Nature of Assignment:
2. Strengths of your assignment:
3. Limitations of your assignment:
4. Assessment of assistantship supervisor(s):
5. Other Comments:

**Note:** This form will be reviewed by the Head of the Department and Director of Graduate Studies. After forms are reviewed, they will be de-identified (i.e., your name will be removed) before being filed in the department. For students who are currently supervised by the Head or Director of Graduate Studies, a member of the department graduate committee will be asked to review the form before it is de-identified for filing. If you would prefer to meet in person with either the Head or Director of Graduate studies about the evaluation of your GA supervisor, please email us and we would be happy to do so.