

The Certificate in College and University Faculty Preparation Teaching Field Experience Evaluation Form

Date: _____

Name of Teaching Assistant: _____

Name of Professor: _____

Professor #: _____

Professor E-mail: _____

Course Taught: _____

Semester/Year of Course Taught: _____

Please rate the TA on the following items:

Rating Scale:

5= Outstanding 4= Above Average 3= Average 2= Below Average 1= Deficient N/A= Not Applicable

Area	Rating
Organization	
Presentation of methodology	
Knowledge of Subject Matter	
Communication Skills	
Interacting with Students	

Overall Grade (A,B,C,D, F): _____

Comments:

SIGNATURES

Signature of Professor: _____

Date: _____

Signature of Student _____

Date: _____