

# 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: \_\_\_\_\_