

Graduate Assistant Employee Performance Review

This form is meant to be an aid to both the employee and the supervisor in discussing the issues surrounding the employee's review. The six factors identified should provide a good starting point for discussion. We would encourage you to discuss these and any additional factors you determine are relevant to the position. Attachments are encouraged. Any concerns regarding the Employee Performance Review may be directed to the Department Chair/Director or the Faculty Dean.

Graduate Assistant Information

Surname: _____ Given Name: _____

Program/Department: _____ Supervisor: _____

Lakehead Student Number: _____

FACTOR – QUANTITY OF WORK

Supervisory Comments:

FACTOR – QUALITY OF WORK

Supervisory Comments:

FACTOR – INITIATIVE/WORK HABITS

Supervisory Comments:

FACTOR – INTERPERSONAL SKILLS

Supervisory Comments:

FACTOR – PLANNING, ORGANIZATION, ADAPTABILITY

Supervisory Comments:

FACTOR – JOB KNOWLEDGE

Supervisory Comments:

OVERALL PERFORMANCE:

___ Unsatisfactory

___ Fair

___ Good

___ Outstanding

SUPERVISORY COMMENTS:

EMPLOYEE COMMENTS:

Please provide recommendations for training and/or development possibilities including courses, workshops and on-the-job training that the Employer could provide during Professional Development Day or during the academic year.

Signature of Employee: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Signatures indicate that both parties have reviewed the contents of the Employee Performance Review. The employee's signature does not necessarily indicate the employee's agreement with the supervisor's comments.

***Please complete, sign and return the original form to the
OFFICE OF GRADUATE STUDIES
and forward a copy to the Graduate Coordinator, Faculty Dean and Employee.***