

# Performance Evaluation of Lab Monitor

## Performance Evaluation of Lab Monitor

<b>Graduate/Teaching Assistant Name:</b>	
<b>Department:</b>	
<b>Faculty:</b>	
<b>Course Number (if applicable):</b>	
<b>Term and Year:</b>	
<b>Supervisor's name:</b>	

The purpose of this evaluation is to assess the Lab Monitor performance and thereby assist them in developing and improving their skills, and ensure a standard of acceptable employee performance. An employee's ongoing performance is normally subject to a formal written evaluation once during any academic semester of appointment. This evaluation must be discussed with the Lab Monitor within thirty (30) days of the performance evaluation. Any concerns regarding the performance review may be directed to the Department/School Chair/Director.

This evaluation has six parts: A) General, B) Knowledge, C) Communication and Interaction with Students, D) Overall Evaluation, E) Employee Comments, and F) Signatures. To complete the evaluation both the Supervisor and the Assistant must sign and date the form, after a discussion has taken place. Please use the following guide to rate the Teaching Assistant's performance in each of the areas.

N/A = Not applicable

1 = unacceptable

2 = satisfactory / some improvement required

3 = good / accomplishes tasks diligently and well

4 = excellent / accomplishes all tasks at a high level

<b>A) GENERAL:</b> Please assess the Assistant's performance in carrying out tasks related to scheduling, time management, and according to supervisor's instructions.						
	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Additional Comments</b>
Time management during term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Brings an attitude of professionalism to their work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Adheres to University policies/guidelines on Human Rights, Harassment Prevention, Occupational Health and Safety, Guide to Civility, among other policies/guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	--

**B) KNOWLEDGE:** Please assess the Assistant’s knowledge or level of expertise in the subject matter being taught and the job duties carried out.

	N/A	1	2	3	4	Additional Comments
Technical competence (e.g. in laboratory sessions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Knowledge/understanding of job description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**C. COMMUNICATION AND INTERACTION WITH STUDENTS:** Please assess the interaction between the Assistant and the students taking the course.

	N/A	1	2	3	4	Additional Comments
Competence as a discussion leader or laboratory instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Expresses ideas clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Responds clearly to student questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Deals with all students respectfully and thoughtfully and creates an atmosphere of mutual respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**D. OVERALL EVALUATION OF ASSISTANT:**

<input type="radio"/> 1. Unacceptable	<input type="radio"/> 2. Satisfactory	<input type="radio"/> 3. Good	<input type="radio"/> 4. Excellent
---------------------------------------	---------------------------------------	-------------------------------	------------------------------------

Comments:

Supervisor’s Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**E) EMPLOYEE COMMENTS:**

The employee may add their written comments to the performance evaluation if they so desire.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I have seen, discussed and  
understood this Evaluation

F) Signatures: Both the Supervisor and the Employee shall sign this form to indicate that a discussion took place.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Give one copy, with signatures in ink, to Department Assistant, who will distribute:**

Copies:      Assistant  
                 Supervisor  
                 Chair/Director  
                 Official File