



Jerome Lawrence and Robert E. Lee Theatre Research Institute
Evaluation for Graduate Associates

Date:	Student Name:	TRI Supervisor Name:
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Graduate Assistant Assignment		
Fall:	Winter:	Spring:

Briefly describe the Graduate Associate’s performance in all areas with reference to the attached position description. This evaluation should be discussed with the Graduate Associate, and signed by the rater, the Graduate Associate and appropriate administrator(s).

1. Knowledge and assigned duties
2. Quality of job performance
3. Productivity
4. Dependability
5. Flexibility
6. Attitude/Cooperation
7. Initiative and Judgement
8. Recommendation to reappoint or terminate (overall evaluation)

Supervisor Signature: _____

Date: _____

I saw this report and discussed it with my advisor.

Student Signature: _____

Date: _____