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## 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:

Unsatisfactory

Fair

Good

Outstanding

**SUPERVISORY COMMENTS:**

**EMPLOYEE COMMENTS:**

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 form to the  
OFFICE OF GRADUATE STUDIES  
and forward a copy to the Graduate Coordinator, Faculty Dean and  
Employee.***