



*The Florida State University  
Graduate Assistant Performance  
Evaluation*

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Evaluation term/year: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Summary of Duties: ( ) Teaching ( ) Research ( ) Other: \_\_\_\_\_

Work Performance:

Satisfactory

Official concern

\*If official concern is cited, options for remediation must be communicated in writing as an addendum to this form. A copy of this form with addendum should be forwarded to the Dean of the Graduate School who will then forward the documents to the appropriate person in Human Resources.

**COMMENTS:**

\*Written comments are helpful for the student, even if performance is satisfactory.

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Has this evaluation been discussed with the employee? ( ) Yes ( ) No (attach explanation).