

**Department of History
Western Michigan University**

**EVALUATION OF TEACHING AND RESEARCH ASSISTANTS
AND INSTRUCTORS OF RECORD**

**To be returned to the Director of Graduate Studies as soon as possible after final grades
are due in the semester of the activity.**

Student's name: _____

Faculty member: _____

Circle one: TA RA IOR

Course or activity: _____ Term of activity: _____

PERFORMANCE OF DUTIES: Please comment on the TA's or RA's performance of duties, indicating whether or not those duties were performed in a timely and acceptable manner. USE OTHER SIDE OR ATTACH SEPARATE PAGE IF NECESSARY. In the case of IOR evaluations, a separate, detailed letter should be attached to this form. In all cases, the student (RA, TA, or IOR) must read the comments and initial this form prior to submission. The student may write a separate letter of response to the evaluation, if desired.

PLEASE SIGN AND DATE: Signature of the TA/RA indicates that the student has read this evaluation, but does not necessarily indicate that the student agrees with it. Students may respond in writing, and the response will be kept on file with the original form.

Faculty member	Date	TA/RA/IOR	Date
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