

**Program in Epidemiology and Human Genetics**

**Teaching Assistant Evaluation Form (to be completed by the student)**

Please complete this form and forward it to the Epidemiology and Human Genetics academic office at jshinnick@som.umaryland.edu

**Students will not receive TA credit until this form has been submitted.**

**Student Name:** Click or tap here to enter text.

**Course Director Name:** Click or tap here to enter text.

**Semester:** Click or tap here to enter text.

**Course Title:** Click or tap here to enter text.

**Please describe the duties you performed:** Click or tap here to enter text.

**Please describe what you learned from this experience:** Click or tap here to enter text.

**Did you receive adequate guidance from the course director? Please explain:** Click or tap here to enter text.

**Were the expectations of the course director reasonable? Please explain:** Click or tap here to enter text.

**On a scale of 1-5 (with 5 being the highest), how would you rate your overall experience:**

**1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]

**Additional Comments:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

***Please submit this form using your UMB account.***