

**Program in Epidemiology and Human Genetics**

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

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 performed by the student:** Click or tap here to enter text.

**Were these duties performed satisfactorily? Yes** [ ]  **No** [ ]

**Please describe the university-level teaching to which the student was exposed:** Click or tap here to enter text.

**On a scale of 1-5 (with 5 being the highest), how would you rate the student’s overall performance:**

**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.***