# John Knox Christian School

 **TEACHER/OFFICE SUPERVISOR’S EVALUATION**

**Interim -Term 2**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTEREST IN WORK**

|  |  |  |  |
| --- | --- | --- | --- |
|    | Very enthusiastic  Average interest |    | Occasionally enthusiastic  Little interest in work |
| **ABILILITY TO LEARN**   * Quick to learn | |  | Average |
| * Slow to Learn | |  | Very slow |
| **ACCEPTANCE OF CRITICISM AND SUGGESTIONS** | | | |
| * Appreciative | |  | Willing |
| * Reluctant | |  | Resentful |
| **COMMUNICATION SKILLS** | | | |
| * Very good | |  | Good |
| * Satisfactory | |  | Needs improvement |
| **PUNCTUALITY** | | | |
| * Regular | |  | Irregular |
| * Appropriate | |  | Inappropriate |

**Comments**:

**Supervisor’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S EVALUATION – Interim 2**

Student Name: Course/Role:

Dates of TA/Office Experience:

Please circle the following traits as they apply to your TA/Office Assistant experience.

(0) Not applicable (1) Poor (2) Satisfactory (3) Good (4) Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. The supervisor’s effort to provide a good work experience was | 0 | 1 | 2 | 3 | 4 |
| 2. The supervisor’s help when needed was | 0 | 1 | 2 | 3 | 4 |
| 3. The variety of assigned tasks was sufficient to make the work interesting | 0 | 1 | 2 | 3 | 4 |
| 4. The working conditions and working atmosphere were | 0 | 1 | 2 | 3 | 4 |
| 5. My feeling of acceptance by the class/coworkers was | 0 | 1 | 2 | 3 | 4 |
| 6. For an understanding of the classroom teacher’s/office staff’s role, this work experience was | 0 | 1 | 2 | 3 | 4 |
| 7. I feel the performance of my work was | 0 | 1 | 2 | 3 | 4 |
| 8. What did you like/dislike most about your experience? | Comment below | | | | |
| 9. Are there any other experiences you would like? | Comment below | | | | |

**Comments and goals for the next interim period:**