

EVALUATION PERFORMA

Teaching Assistantship

Name: _____

Father Name: _____

Registration Number: _____

Department/ Institute: _____

Semester: _____ Contact: _____

Date of Appointment: _____

Comprehensive completed: Written

Yes

No

Oral

Yes

No

I. Assigned courses:

1 _____

2 _____

3 _____

II. Class assignment evaluated:

1 _____

2 _____

3 _____

III. Course material developed:

1 _____

2 _____

3 _____

IV. Course material uploaded online

1 _____

2 _____

3 _____

V. Latest publications/resource material

1 _____

Relevant to course distributed to class

2 _____

3 _____

VI. Extra work done/Assigned

VII. Overall Performance

- Excellent
- Very Good
- Good
- Satisfactory
- Poor