

# GTF/Instructor Evaluation Form

<b>Name:</b>	<b>Term:</b>	<b>Course#:</b>	<b>FR/IT/SP</b>	
<i>Include specific positive or negative comments on the back of this page; use the category number below for reference.</i>	<i>Outstanding</i>	<i>Satisfactory</i>	<i>Needs improvement</i>	<i>Unacceptable</i>
1 Course meetings (regular attendance, punctuality, etc.)				
2 Professionalism (appearance, attitude, initiative, leadership, etc.)				
3 Collegiality / peer interaction				
4 Interaction with supervisors/mentor				
5 Incorporates feedback from supervisors/mentor				
6 Contributions to course materials				
7 Foreign Language Day (Fall: proposal submission; Spring: presentation)				
8 Willingness to cover for others in emergencies				
9 Cercle Français / Tavola Italiana / Tertulia			XXXXX	XXXXX

Supervisor signature: \_\_\_\_\_

GTF/Inst. signature: \_\_\_\_\_

Date: \_\_\_\_\_