ECPAC Assistant & Junior Faculty Monthly Evaluation Form

Name: _____Month: _____

Role: ☐ Teacher Assistant (10–15) ☐ Junior Faculty (16+)

Class(es) Assisting: _____

Assigned Teacher: _____

To Be Completed by Student

1. I arrived on time and was prepared for my assigned class(es).
☐ Yes ☐ No If no, explain: _____

2. I was engaged, focused, and helpful during class.
☐ Yes ☐ No Comments: _____

3. I demonstrated respect and kindness to students and staff.
☐ Yes ☐ No Comments: _____

4. I filled out my timesheet accurately.
☐ Yes ☐ N/A (Junior Faculty)

5. I would like help or support with:

Student Signature: _____ Date: _____

More on the back!

To Be Completed by Assigned Teacher

Please rate this student's participation for the month.

Category	Exceeds Expectations	Meets Expectations	Needs Improvement
Punctuality & Preparedness	☐	☐	☐
Initiative & Engagement	☐	☐	☐
Communication & Attitude	☐	☐	☐
Connection with Students	☐	☐	☐
Professionalism & Maturity	☐	☐	☐

Teacher Notes/Recommendations for Growth:

Teacher Signature: _____ Date: _____