Department of Communication Studies  
University of Iowa  
Record of TA Supervision for Stand Alone Courses

Name of Teaching Assistant: _______________________________________

Name of Faculty Teaching Supervisor: _______________________________

Semester/Year: _______ Course: ________________________________

Satisfactory/Not Satisfactory*

Shared basic course materials in a timely fashion  
(syllabus, course policy statement, grading policy)

Set appropriate standards for student achievement

Shared midterm grades in a timely fashion

Shared final grades in a timely fashion

Provided meaningful and timely evaluations of student work

Classroom Visitation

Demonstrated adequate knowledge of subject

Presented content in a coherent manner

Covered an appropriate amount of material for the time allotted

Presented content at an appropriate level of complexity

Created/maintained a positive learning environment

Actively engaged/involved students

Engaged students in a respectful manner

Any additional comments about strengths and/or suggestions for improvement:

*If the advisor rates an item as “not satisfactory,” a brief explanation should be provided.

_________________________________________  
Signature/Date  *Signing acknowledges, not necessarily agrees.