TA Effort Allocation

Name of Supervisor __________________________ Name of Teaching Assistant ________________________________

Title and number of course ____________________________________________________________

Term __________________ Year __________________ Appointment for ________ hours per week

Approximate percentage of those hours expected to be dedicated to: percentage hours

Leading discussion sections ______% ______

Attending lectures ______% ______

Reading textbook and other course materials ______% ______

Office hours and other communications with students ______% ______

Leading review sessions outside class hours ______% ______

Reading or grading student short journals or papers ______% ______

Discussion prep meeting with instructor (one meeting per week) ______% ______

Preparing for and giving lectures ______% ______

Preparing materials, computer programs, etc. ______% ______

Grading exams ______% ______

Other: ____________________________________________ ______% ______

Other: ____________________________________________ ______% ______

Other: ____________________________________________ ______% ______

Other: ____________________________________________ ______% ______

Total (must be 100%) ______% ______

Syllabus submitted for required approval by supervisor on time _____ yes _____ no

TA attended the required training _____ Yes [If no then give reason__________________________]

Submitting grades and policies discussed between supervisor and TA _____ yes _____ no

For first-time teaching assistants only: (those who have not taught at the University of Iowa previously). Your supervisor will conduct a preliminary assessment of your teaching within the first eight weeks of the semester. This supervision form can be found at: http://www.uiowa.edu/commstud/forms/dep_forms.shtml

This form was filled out by the supervisor and discussed with the teaching assistant as signified below:

Signature of Teaching Assistant __________________________ Date __________

Signature of Supervisor __________________________ Date __________