

## 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
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Leading discussion sections	_____ %	_____
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Attending lectures	_____ %	_____
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Reading textbook and other course materials	_____ %	_____
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Office hours and other communications with students	_____ %	_____
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Leading review sessions outside class hours	_____ %	_____
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Reading or grading student short journals or papers	_____ %	_____
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Discussion prep meeting with instructor (one meeting per week)	_____ %	_____
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Preparing for and giving lectures	_____ %	_____
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Preparing materials, computer programs, etc.	_____ %	_____
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Grading exams	_____ %	_____
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Other: _____	_____ %	_____
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Other: _____	_____ %	_____
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Other: _____	_____ %	_____
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Other: _____	_____ %	_____
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Total (must be 100%)	_____ %	_____
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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](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 \_\_\_\_\_