

TLSAMP Research Assistant Evaluation Form

(Completed by the Faculty Advisor)

Please provide information and insight regarding this semester's activities for your TLSAMP Research Assistant by indicating a yes or no to the following questions.

Research Assistant Name: _____

Faculty Advisor Name: _____

Research Project Title: _____

Questions	Yes	No	N/A
The research assistant (RA) was accessible and available at least 4 hours per week.			
The RA assisted me in conducting research.			
The RA demonstrated reasonable interest in the project.			
The RA's behavior and attitude is professional.			
The RA should be considered for future research projects.			
Overall the RA was an asset and a benefit to the project.			
I anticipate an extended future research relationship.			
The RA presented/will present at the research conference.			

What were the outcomes of the research? _____

Faculty Advisor Signature: _____ Date: _____

Semester: _____

Note: All TLSAMP Research Assistants are required to present at the TLSAMP Research Conference.