

Attachment C
Possible Template for Department Verification Reports

Purpose: To document communication between TAs and departments about departmental supervision of teaching.

Department: _____

Quarter/Year: _____ c

A TA name:	B Observation date(s):	C Follow-up date(s):	D Observed by:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

A = name of TA

B = date(s) that TA was observed by supervising faculty

C = date(s) of follow-up meeting(s) with TA to discuss observation(s)

D = person observing and providing feedback to the TA

Person completing this form:

Name: _____

Faculty Coordinator Other _____

If department personnel have questions about TA training, supervision, or evaluation, you may contact The Graduate School at 206.543.5139.