***NOTE: You* *need only fill in this form for those invigilators with an overall rating of unacceptable.***

**To be filled in by the Supervisor after each examination session.**

|  |  |
| --- | --- |
| Name of Invigilator: |  |
| Department: | **Politics and Public Administration** |
| Faculty: | **Arts** |
| Course Number: |  |
| Term and Year: |  |
| Date Invigilator worked: |  |
| Invigilator’s Supervisor: |  |

The purpose of this evaluation is to assess the Invigilator’s performance and thereby assist him/her in developing and improving his/her skills, and ensure a standard of acceptable employee performance. Any concerns regarding the performance review may be directed to the Invigilator Supervisor.

**Process:**

Please assess the Invigilator’s performance in carrying out invigilation tasks.

|  |  |  |
| --- | --- | --- |
| **Rating scale:****(Please circle or bold)**  | **Responsibilities:** | **Comments:** |
| YES NO N/A | Was familiar with Ryerson exam policies and procedures |  |
| YES NO N/A | Properly assisted in set-up of exams and other activities prior to exam. |  |
| YES NO N/A | Properly monitored students during exams. |  |
| YES NO N/A | Properly assisted Supervisor at the end of exams. |  |

**Additional comments (if necessary):**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Invigilator’s Signature: |  |
| *I have seen, discussed and understood this Evaluation* |
| Date |  |
| Supervisor’s Name |  |
| Supervisor’s Signature |  |
| Date: |  |

Note: Should the employee have any concerns with the performance evaluation he/she may discuss his/her concerns with his/her Supervisor or with the Supervisor’s superior.

Copies: Invigilator

 Supervisor

 Official File

 Academic Integrity Office

 CUPE Local 3904 Unit 3