

# The University of Iowa School of Music

## TA/RA Effort Allocation and Evaluation Form

TA/RA Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Area: \_\_\_\_\_

TA     RA    Semester/Term: \_\_\_\_\_ Year of Appointment:     1     2     3

Supervisor's name: \_\_\_\_\_ Degree:     MA     MFA     DMA     PhD

**Part 1: Effort Allocation** - Summarize the duties performed within the TA/RA's normal work week by indicating the number of hours devoted to each task listed (e.g. 10 total hours for a 25% appointment, 15 total hours for a 37.5% appointment and 20 total hours for a 50% appointment). Please list each ensemble in which the TA/RA will participate as part of his/her appointment separately.

**\*REQUIRED for ALL assistants EXCEPT the IBQ RA, Arts Share RAs, and Music Therapy RAs.**

\*\*Listed ensembles may not also be used for credit towards the degree.

Course Number (use new numbers)*	Teaching	Prep	Grading	Office Hours	Accompanying	SOM Ensemble Support** (playing)	Ensemble Librarian/ Equipment Manager/Music Arranger, etc.	Total	Arts Share	Music Therapy Research

Does the distribution of duties listed above differ from that in the original contract?     Yes     No

If so, please elaborate:

The expected duties and effort allocation described above have been discussed and agreed upon.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TA/RA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: Evaluation** - Advisor's assessment of the TA/RA on his/her prescribed duties (*i.e. organizational skills, class preparation, performance, promptness, attention to deadlines, etc.*).

TA demonstrates satisfactory oral competence.     Yes     No

Faculty recommendation: (check one)     continue appointment     terminate appointment     probation

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TA/RA Signature: \_\_\_\_\_ Date: \_\_\_\_\_