Grader Evaluation Form

Faculty Name:__________________________________________________________
Grader Name:__________________________________________________________

Semester: Fall — Spring         Year:____________________
Total Grader Hours for indicated semester:__________________________
Course(s) Graded by Grader:___________________________________________

Please rate the grader performance in the following categories:

Dependability: A — B — C — D — F
Timeliness: A — B — C — D — F
Accuracy: A — B — C — D — F

Would you hire this grader again? (Circle one) YES NO

Additional Comments:

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Please rate the grader performance in the following categories:

Dependability: A — B — C — D — F
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Accuracy: A — B — C — D — F

Would you hire this grader again? (Circle one) YES NO

Additional Comments: