UMBC BIOLOGICAL SCIENCES TA SELF ASSESSMENT

TA Name		Course Name		
Semester		Course No.		
My semester in review				
What I do well		What I want or n	eed to work on to improve at	my job
What training or resources I n	eed to do my job better	My Goals as a T	A	
Additional Comments				
	I			
TA Signature			Date Signed	
Faculty Name			Date Submitted to	0
			Faculty	