

TO: First-Time GTA Communication Survey Participants

FROM: Cia Verschelden  
Director, Office of Assessment

SUBJECT: **GTA Confirmation Form – Fall 2007**

DATE: August 31, 2007

Please sign, and send this form by campus mail to the Office of Assessment,  
226 Anderson Hall, by **September 10, 2007**.

I acknowledge that I have been informed that the GTA Communication Survey will be administered to the students in my class(es) and/or lab(s). The GTA Communication Survey will ask students to assess my communication skills.

My signature indicates that I understand that the Office of Assessment will be sending me and my Department Head a copy of the survey results. I understand that these results will also be shared with the coordinator of graduate teaching in my department.

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Name - Please print

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Signature

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Department

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Date

Please feel free to contact Steven Hawks ([sjhawks2@ksu.edu](mailto:sjhawks2@ksu.edu)) at  
532-5712 if you have any questions about this survey process.

Thank you.