**TA PLANS AND GOALS (Specific Term)**

*Note:* Complete this document with each TA each term. Send the completed and signed version of this document to PsychologyDUS@duke.edu (CCing the TA) no later than the Friday of the second week of class.

Course Number/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lecture Time/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab/Discussion Time(s)/Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check box to confirm that TA has completed required online training—Responsible **Community Engagement modules—and emailed completion certificate to** PsychologyDUS@duke.edu**:**

**[ ]  Yes**

**Adjustments to Responsibilities and Policies**

*Brief summary of any adjustments/changes (to specific responsibilities/policies) agreed to by the Instructor and TA:*

**Plans for the Term**

1. Days/times of planning meetings:
2. Office hours for both the Instructor and TA (when/where/how scheduled/offered):
3. Dates that Instructor and/or TA expect to miss lecture/lab/discussion (e.g., for conference attendance), and any plans for securing coverage or making up work:
4. Identification of weeks for which heavier workloads are expected because of exams, assignment due dates, etc.:

 **TA Learning Objectives**

*Please enumerate learning objectives for the TA, and discuss how and when these objectives will be met:*

**By signing below, we agree that we have come to a shared understanding of all expectations and policies related to the TA role in this class.**

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TA signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature Date