

BU Community Assistant Evaluation Form

(To be completed by the residents)

Name of CA:

1. How visible is this CA on your floor?

- a. Almost always around
- b. Is around just enough
- c. They are here, but their door is usually closed
- d. I rarely see them on the floor or being around

2. Do you see this CA as a caring person & easy to approach?

- a. YES
- b. NO

3. Is this CA helpful to you when you have questions and/or any conflicts to deal with?

- a. YES
- b. NO

4. How satisfied are you with your ability to be able to study and sleep on your floor without getting disturbed by noise?

- a. Very satisfied; The floor is just the way I want it to be
- b. Satisfied
- c. Not Satisfied; It can get loud on the floor more often than I care for it to be
- d. Very dissatisfied; It's way too loud and rowdy for me to be able to study or sleep

5. Do you feel your floor/hall is a safe & secure living area?

- a. YES
- b. NO

6. Has this CA taken the time to get to know you and socialize with you?

- a. Yes, they've put in a lot of effort
- b. Yes, they pop in and say hello and chat
- c. No, they don't come across as sociable
- d. No, I never see them around.

7. Do you see this CA as a positive role model?

- a. YES
- b. NO

*If you circled NO, please explain:*

8. Have you attended any events/programs with your CA?

- a. YES
- b. NO

9. What do you feel makes this staff member a good CA?

10. In what ways do you feel this CA can improve their job performance?

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