

Office of Biomedical Graduate Studies

Laboratory Rotation Evaluation Form

Student's Name: _____

Faculty Name: _____

Course Number: _____ Semester: _____

Please provide the Program Director and the Office of Biomedical Graduate Studies with the following written evaluation. The student must submit this completed evaluation to receive a grade. Below are four competency measures to consider when evaluating the student's progress. For each measure, please rank the student and provide additional comments.

- 1 = Outstanding
- 2 = Very Good
- 3 = Average
- 4 = Below Average
- 5 = Poor

1. Commitment

Did the student commit an appropriate amount of time toward the project (i.e., attended daily with the exception of classes, illness, etc.)? Did the student display interest and motivation in learning and executing the project?

1 2 3 4 5

Additional Comments:

2. Technical Ability

What degree of technical competence did the student display (adjusted for expectations based upon past training and experience)? How easily did the student acquire new laboratory skills?

1 2 3 4 5

Additional Comments:

3. Conceptual Ability

Did the student seek out appropriate literature and integrate the theoretical concepts underlying the research project? Did the student offer intellectual input to the design or execution of the project?

1 2 3 4 5

Additional Comments:

4. Student Conduct

Did the student conduct himself/herself in a professional manner expected of a person at this stage of their graduate education?

Yes- No explanation needed No- Please provide explanation

1 2 3 4 5

Additional Comments:

Please Note: Evaluation must be discussed with student prior to both parties signing.

Overall Evaluation: Please give a score based on your overall impression of the student.

1 2 3 4 5

Comments:

Faculty Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Faculty/ Student Comments: