

**GRADUATE STUDENT EVALUATION FORM
LABORATORY/ RESEARCH ROTATION**

Graduate Student _____

Date _____

Mentor _____

Semester/Year _____

Recommended GRADE* _____ (Pass/Fail)

* The final grade will be assigned and filed by the course Director, Dr. Anne Chiaramello, upon successful completion of the laboratory rotation report and in class oral presentation during the scheduled PowerPoint presentation sessions, which are **mandatory**. Failure to do so will result in a "Fail" grade. Only serious medical excuses will be entertained by the course Director and the IBS Director.

This form is to serve as a written evaluation for the performance of the graduate student indicated above. It is to be filled out by the mentor who accepts responsibility for setting the objectives of the rotation, and who directs the training of the student.

Please assess the performance of the student on a scale of quality from 1-6, with 1 being excellent and 6 the equivalent of failure.

- | | | | | | | | |
|-------|---|---|---|---|---|---|---|
| I. | DEPENDABILITY AND COMMITMENT: | 1 | 2 | 3 | 4 | 5 | 6 |
| II. | EFFORT IN THE LABORATORY | 1 | 2 | 3 | 4 | 5 | 6 |
| III. | FUND OF KNOWLEDGE: | 1 | 2 | 3 | 4 | 5 | 6 |
| IV. | LABORATORY SKILLS: | 1 | 2 | 3 | 4 | 5 | 6 |
| V. | PROBLEM SOLVING & THOUGHT PROCESSES: | 1 | 2 | 3 | 4 | 5 | 6 |
| VI. | ABILITY TO LEARN NEW TECHNIQUES | 1 | 2 | 3 | 4 | 5 | 6 |
| VII. | RESEARCH ABILITIES: | 1 | 2 | 3 | 4 | 5 | 6 |
| VIII. | INTERPERSONAL SKILLS (teamwork) | 1 | 2 | 3 | 4 | 5 | 6 |
| IX. | ADMINISTRATIVE QUALITIES (time management, efficiency, follow-through, adequate laboratory records, etc...) | 1 | 2 | 3 | 4 | 5 | 6 |

X. SPECIFIC COMMENTS: Performance relative to level of education and experience, effort to read relevant literature, and ability to interpret experimental results.

XI. SPECIFIC COMMENTS: Student's commitment, enthusiasm, initiative, and drive.

XII. SPECIFIC COMMENTS: Did the student spend adequate time to accomplish research goals (30 hr/week).

XIII. SPECIFIC COMMENTS: Strengths

XIV. SPECIFIC COMMENTS: Weaknesses (areas for the student to work on)

XV. How would you rate the student's overall performance in this rotation?

Excellent_____ Very Good_____ Good_____ Average_____ Poor_____

Please ask the student and Faculty to sign and date this form, indicating that they are aware and accepting of this evaluation.

Student signature _____
Date _____

Faculty signature _____
Date _____

Course Coordinator signature _____
Date _____

After the student and faculty have reviewed and signed this form, it should be returned along with the mentor evaluation form and the written report to the IBS office (Ross Hall 605) on the due date (See Schedule for Rotations). The Laboratory Rotation Coordinator will then sign the completed form and file the grade.