

Graduate School of Biomedical Sciences

Evaluation of Research Rotation

Student: _____

Program: _____

Major Advisor: _____

Term: _____

Summary of Rotation Project

The student will write a rotation summary/report of the progress made and challenges faced during the rotation.

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Evaluation of Research Rotation

Student: _____

Program: _____

Major Advisor: _____ Term: _____ Credits/Hours per week in lab: _____

The student should attach a written one-page description/progress report of the research project. The checklist should be completed by the major advisor and discussed with the student. Comments should be helpful.

Did student give a presentation at the end of the rotation? YES NO Excellent → → → → Poor

EVALUATION CHECKLIST	1	2	3	4	5	Unable to Evaluate
Ability to follow instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to design experiments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to carry out experimental protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical ability in laboratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation of data / Interpretation of results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Record-keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort applied to project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement during rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interaction with laboratory personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL EVALUATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Grade Assignment: PASS MARGINAL PASS FAIL

Area(s) of strength:

Area(s) needing improvement:

General Comments:

Mentor: _____ Student: _____ Date: _____
I have discussed this evaluation with the student *I have discussed this evaluation with mentor*

Please return to _____@bcm.edu