Rotation Evaluation Form

Please complete form and submit to pathobiology@brown.edu

Student Name:

Mentor Name:

Evaluation Date:

Rotation Start Date:

Rotation End Date:

Recommended Grade:

Evaluation	Unable to judge	Needs Improvement	Meets Expectations	Exceeds Expectations
		(work is at the level of an undergraduate student)	(work is at the level of a 1 st -year graduate student)	(work is at the level of a more senior graduate student)
Ability to design experiments				
Bench work (may not apply)				
Analytical skills				
Work ethic				
Lab/research meeting participation				
Communication/interpersonal skills				
Notebook				
Attendance (in the lab or otherwise)				
Attitude and intellectual involvement				
Grasp of new concepts/self-sufficiency				
Overall evaluation				

Project Title/Description:

Faculty evaluation of student strengths and weaknesses:

Comment on the student's strengths and weaknesses, with suggestions for how to improve in areas of weakness. In addition, comment on the quality of any of the student's written reports or oral presentations.