

**STUDENT EVALUATION FORM
RESEARCH ROTATION IN BIOMEDICAL SCIENCES PROGRAM**

Date _____

Laboratory _____

Dates of Rotation _____

Student _____

Please rate the student rotation regarding each of the following:
(1 = Low, 5 = High, 0 = Unable to evaluate)

	0	1	2	3	4	5
Reliability-comes when he/she says will come	_____	_____	_____	_____	_____	_____
Shows a willingness to think through problems and uses initiative in solving them, involved in the laboratory	_____	_____	_____	_____	_____	_____
Learns quickly and follows instructions	_____	_____	_____	_____	_____	_____
Careful, conscientious worker	_____	_____	_____	_____	_____	_____
Works well with others in the laboratory	_____	_____	_____	_____	_____	_____

Comments:

Working habits of the student:

Overall evaluation of the student:

Student signature: _____

Mentor signature: _____

Please return completed evaluation to Dr. Todd Green.

Grade: Credit _____ No Credit _____