LABORATORY ROTATION EVALUATION FORM (BMR 785)
BIOMEDICAL RESEARCH PROGRAM

Date_____ Laboratory_____

Dates of Rotation_____ Student_____

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

	0	1	2	3	4	5
Was the laboratory project described so that you could understand it	_____	_____	_____	_____	_____	_____
Please rate the mentor on availability to answer questions regarding project/ experiments	_____	_____	_____	_____	_____	_____
Were you given reading materials to assist in learning more about the research ongoing in the laboratory	_____	_____	_____	_____	_____	_____
Did you understand the hypothesis to be tested by individual experiments	_____	_____	_____	_____	____	_____
Were you able to learn/perform laboratory techniques	_____	_____	_____	_____	_____	_____
Was the laboratory environment conducive to learning	_____	_____	_____	_____	_____	_____

Comments:
Overall laboratory experience:

Student signature: _____

Completed form to remain in primary investigator's laboratory with copy given to Director of Graduate Studies.