

TIGP-MCB PROGRAM LAB ROTATION EVALUATION FORM

Student: \_\_\_\_\_ Class of \_\_\_\_\_ (Year)  
 Advisor: \_\_\_\_\_ Rotation Time: from \_\_\_\_\_ to \_\_\_\_\_

- Please evaluate the student in each category as follows: Excellent (1), good (2), fair (3), poor (4), not applicable (N/A)
- ( ) Spends adequate time in the laboratory to accomplish research goals
  - ( ) Understands central questions and procedures of the lab
  - ( ) Works with a reasonable level of proficiency
  - ( ) Observes safe laboratory practices
  - ( ) Keeps adequate laboratory records
  - ( ) Ability to evaluate experimental results
  - ( ) Receptiveness to suggestions and critical comments
  - ( ) Capacity for self expression and communication
  - ( ) Ability to get along with co-workers

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please use back of this form, if more space is needed.)

If adequate space and funding are available, would you be willing to accept this student into your laboratory?  
 (Yes/No) \_\_\_\_\_

<p>Recommend final score: _____ (0-100, pass: &gt;70) Please sign in the column when you first review this list with the student at the <b>beginning</b> of the rotation</p> <p>_____          Signature of Student/ Date</p> <p>_____          Signature of Rotation Advisor/ Date</p>	<p>Please sign in the column when the evaluation is <b>complete</b>, and the student has reviewed it.</p> <p>_____          Signature of Student/ Date</p> <p>_____          Signature of Rotation Advisor/ Date</p>
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