TIGP-MCB Program Lab Rotation Evaluation Form

Student: ________________  Class of  2008  (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) _____
Recommend final score: _____ (0-100, pass: >70)

Please sign in the column when you first
review this list with the student at the
beginning of the rotation
__________________________________________________________
Signature of Student/ Date
__________________________________________________________
Signature of Rotation Advisor/ Date

Please sign in the column when the evaluation is complete, and the student has
reviewed it.

__________________________________________________________
Signature of Student/ Date
__________________________________________________________
Signature of Rotation Advisor/ Date

Note: Please return the completed form to TIGP-MCB Office (Ms. Jessica Shih, e-mail: jshih@imb.sinica.edu.tw, Tel: 2789-9972, Fax: 2789-2292) within two weeks after the student finished the lab rotation.