

Neuroscience Training Program
Rotation Evaluation-Faculty Sponsor

(All evaluations will be reviewed by the First-Year Committee, Program Director and Program Administrator.)

Name: _____

Student's Name: _____

Description of Research Project: (Write a brief summary of the project you had the student work on during his/her rotation.)

Evaluation of Rotation

1. Did the student meet your expectations in the following areas?
 - a. Time spent in laboratory:

 - b. Laboratory technique:

 - c. Scientific method:

2. Did the student ask thoughtful and interesting questions?

3. Was the student courteous and respectful to others working in laboratory?

4. In what areas did the student excel?

5. In what areas could the student use the most improvement?

Signature of Faculty Sponsor: _____

Signature of Student: _____

Please return evaluations to Program Administrator, 7225 Medical Sciences Center after the conclusion of the rotation.