

Neuroscience Training Program

Rotation Evaluation-Student

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

Name: _____

Rotation Sponsor: _____

Description of Research Project: (Write a brief summary of the project you worked on during your rotation including any techniques you learned.)

Evaluation of Rotation

1. Did you have enough interaction with the Rotation Sponsor?
2. Do you feel that you received enough instruction regarding new techniques and protocols?
3. Was the research project appropriate for a rotation? (length, type)
4. Did you like the laboratory environment?
5. Did the research style of the Rotation Sponsor match yours?
6. Were you satisfied with this rotation as a learning experience?

Signature of Faculty Sponsor: _____

Signature of Student: _____

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