LAB ROTATION EVALUATION

Lab Rotation Information:

Students are required to submit this form to the faculty member in charge at the beginning of the rotation. Faculty will fill out the form and return it to the Student Services Office at the end of the rotation.

Student’s Name: ___________________________ Date ___________________________

Faculty: ___________________________ Semester/Summer ___________________________

Faculty: Please answer the following questions and write a brief evaluation of this student’s performance in your lab. This form should be returned to the Student Services Office, OML 101A.

A. Brief description of faculty and student expectations of rotation.

1) How would you rate the student’s preparedness for work in your lab upon entry?
   - Excellent  [ ]  Adequate  [ ]  Not Adequate  [ ]
   Justify:

2) How would you rate the student’s performance during rotation in your lab?
   - Excellent  [ ]  Adequate  [ ]  Not Adequate  [ ]
   Justify:

3) How would you rate the student’s preparedness for future work based on skills learned during rotation?
   - Excellent  [ ]  Adequate  [ ]  Not Adequate  [ ]
   Justify

B) Reflecting A above, a brief faculty description of work done by student upon completion of rotation.

Faculty Signature ___________________________ Date ___________________________