

**GBS/MSTP Evaluation Form for Lab Rotation Mentors**  
Due 10 Days following the end of the rotation

Student's Name: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

Date: \_\_\_\_\_

Brief description of the research goals for the rotation:

Funding for potential new students is: Assured \_\_\_\_\_ Uncertain at present \_\_\_\_\_ Insufficient \_\_\_\_\_

Reviewed with student at start of rotation: Mentor initials: \_\_\_\_\_ Student initials: \_\_\_\_\_

(Above section to be completed and provided to theme program manager within 1 week of rotation start date.)

-----  
**Mentor, please note:** *It is critical for the student's development as a scientist that you be as honest and objective as possible in this evaluation.* Evaluate the student in each category as follows: Excellent (1), Good (2), Average (3), Poor (4), Not Observed (X).

- Spends adequate time in the laboratory to accomplish research goals \_\_\_\_\_
- Understands laboratory problems, procedures, and equipment \_\_\_\_\_
- Performs laboratory skills with a reasonable level of proficiency \_\_\_\_\_
- Designs experiments with adequate controls \_\_\_\_\_
- Plans a series of experiments logically \_\_\_\_\_
- 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 \_\_\_\_\_

If adequate space and funding are available, would you be willing to accept this student into your laboratory?  
(Y/N) \_\_\_\_\_

Recommended Grade: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Signature of Lab Rotation Mentor

\_\_\_\_\_  
Date

**GBS/MSTP Evaluation Form for Lab Rotation Mentor**

**Due 10 Days following the end of the rotation**

Page 2 of this Evaluation is Confidential and **will not** to be shared with the student

**Student's Name:** \_\_\_\_\_

**Mentor's Name:** \_\_\_\_\_

**Evaluation Period:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Significant problems or areas of concern. Are there any significant problems that may adversely affect the student's progress in the program, either currently or on the horizon? (Y/N) \_\_\_\_\_  
*(Include personal problems, lack of focus or diligence on student's part, and/or scientific difficulties (e.g. project not proceeding as well as you planned, project too hard/risky for this student, student pursuing too many different issues without adequate prioritization).*

If significant problems or areas of concern were outlined above, please advise the corrective actions taken (if any) to overcome these problems and how successful these actions have been.

\_\_\_\_\_  
**Signature of Lab Rotation Mentor**

\_\_\_\_\_  
**Date**