

Graduate School of Biomedical Sciences One Gustave L. Levy Place Annenberg Building Room 5-206 Box 1022 New York, NY 10029-6574

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LABORATORY ROTATION EVALUATION

This form must be completed by the Preceptor and submitted to Rewtie Offin in the Graduate School immediately following the rotation.

STUDENT INFORMATION								
Student Name					MTA	A:		
Rotation Preceptor:	Ition Preceptor: Rotation Begin Date:			Rotation End Date:				
PERFORMANCE								
Please circle applicable score		Excellent	Good	d Aver	age	Fair	Poor	N/A
1. Effort in the laboratory								
2. Current level of laboratory skills								
3. Ability to learn new skills								
4. Initiative to access relevant literature								
5. Ability to independently carry out tasks								
6. Quality of written laboratory report								
7. Participation/preparedness for laboratory meetings								
ABILITY		<u> </u>					<u> </u>	
Please circle applicable score		Excellent	Good	d Aver	age	Fair	Poor	N/A
1. Problem solving								
2. Data interpretation								
3. Interaction with laboratory colleagues								
4. Capacity for independent research								
Overall Evaluation		· · ·			İ			
Please circle applicable score		Excellent	Good	d Aver	age	Fair	Poor	N/A
1. Commitment to research								
2. Data interpretation								
3. Overall rating for this rotation								
Additional Comments								
1. Strengths of this student:								
2. Suggested areas of improvement:								
3. Would you take this student into your lab? (circle one): yes no undecided								
	, ,							
OVERALL GRADE								
PASS FAIL (CIRCLE ONE)		HERE IS ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO DISCUSS,						
CONTACT DR. MATTHEW O'CONNELL: MATTHEW.OCONNELL@MSS								
SIGNATURES								
ROTATION PRECEPTOR DATE		STUDENT			DATE			