

## ROTATION EVALUATION FORM

**SEMESTER & YEAR:**

**Student:**

**Rotation Advisor:**

Date entered Program:

Date started Rotation:

**Part I)** Rate the performance on a 1- to 5-point scale: 1 = *Unsatisfactory* 3 = *Acceptable* 5 = *Outstanding*

	Time in laboratory		Use of literature in solving problems
	Ability to budget time effectively		Oral communication ability
	Application of scientific principles in practice		Writing ability
	Design of experiments		Participation in journal clubs/lab meetings
	Evaluation of experimental data		General attitude and interpersonal skills

**Part II)** Please have a conversation with the student about their performance and specifically discuss any low grades given above. Comment on the conversation with the student and any other areas you feel are relevant:

**Please indicate when the student will finish this rotation:**

**Date:**

Rotation Mentor Signature

Date:

Student Signature

Date:

Evaluations must be submitted every six months. Failure to do so can result in the loss of student standing and the suspension of the graduate student stipend. Return to Program Coordinator at [DBBS-StudentData@wusm.wustl.edu](mailto:DBBS-StudentData@wusm.wustl.edu), fax # 362-3369 or Campus Box 8226.