

Neuroscience Graduate Program
ROTATION EVALUATION

(Must be filled by the mentor and discussed with the student)

Student Name: _____ Mentor: _____

GRADE (Satisfactory/Unsatisfactory): _____

How many hours/week did the student spend in the lab: _____

Brief summary of the project the student was involved in: (Clearly state what were the goals the student had to achieve in this project):

Impressions of the student's overall performance (Reliability and conscientiousness, Ability to collect and analyze scientific data, Record keeping, Accuracy, Technical skills, comprehension, communication skills, self-reliance and independence, intellectual curiosity-*Emphasize the strengths and weaknesses of the student*)

Achievements (Did the student succeed to achieve the goals set up at the beginning of the rotation? If not, why?)

Student signature: _____

Mentor signature: _____

Please, return this form on or before the last day of class, before the exam week to:

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