Program in Neuroscience
Student's Laboratory Rotation Evaluation Form
NOTE: THE INFORMATION PROVIDED ON THIS FORM WILL BE REVIEWED ONLY BY MEMBERS OF THE TRAINING COMMITTEE, AND WILL REMAIN CONFIDENTIAL!

Please print and complete this form, and forward it to Georgia Rogers as soon as the rotation is over. Your will not receive credits for the rotation without this form!

Student's name: _________________________
Lab-Head name: ________________________
Mentor's name and position (if different than above): ____________________________
Rotation dates: ________________________
The goals of the rotation were: ______________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Which of these goals were accomplished?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I gained experience with the following techniques:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Did you receive adequate training and guidance? Please explain:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
_______________________________________________________________

Rate your overall experience in this laboratory, using the following scale: 1 (very positive) to 5 (poor): ________

Would you recommend this laboratory to other students? Please explain:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Use the space below for additional comments or suggestions (use additional pages if necessary):