

Mentor's Signature:

Program in Neuroscience Laboratory Rotation Evaluation Form - Mentor

Please send this form to your rotation mentor to complete as soon as the rotation is over. The mentor should return the form directly to the Program Coordinator. The information on this form will be reviewed by Program leadership but will otherwise remain confidential. Student's name: _____ Mentor's name: _____ Rotation dates: Rate the student relative to other individuals of similar training experience with whom you have been associated. Please use the following scale: 1 (top 5th percentile), 2 (10th percentile), 3 (20th percentile), 4 (30th percentile), 5 (40th percentile) Categories Rating Comments Research Ability and Potential Written and Verbal Communication Skills Perseverance in Pursuing Goals Self-reliance and Independence Laboratory Skills and Techniques Originality Laboratory Conduct & Citizenship Scientific Background Familiarity with Research Literature Overall Evaluation Final Grade Awarded: (Pass or Fail) Would you consider recruiting this student to your laboratory? ______ If not, please provide a brief explanation: Use the space below for additional comments, including strengths and weaknesses that should be considered in evaluating the student's research career (use additional pages if necessary):