

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 Jenn McFarland 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):