

Rotation Evaluation Form (Faculty)

Please complete this form ***electronically*** and submit to the office of Graduate Education and Postdoctoral Affairs by the due date at the end of the form.

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| Student Name: | Enter text. |  URID: | Enter text. |
|  |  |
| Mentor Name: | Enter text. |
|  |  |
| Program Name: | Choose program | MD/PhD Student? | Choose an item. |

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| --- | --- | --- | --- | --- | --- |
| Evaluation Date: | MM/DD/YYYY | Rotation Start Date: | MM/DD/YYYY | Rotation End Date: | MM/DD/YYYY |

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| --- | --- | --- | --- |
| Extent of your personal involvement in training: | Choose an item. | Recommended Grade: | Choose an item. |

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| Did the student meet rotation research report requirements via oral or written presentation? | Choose an item. |

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| **Evaluation** | **Unacceptable** | **Needs** **Improvement** | **Meets** **Expectations** | **Exceeds** **Expectation** |
| Ability to design experiments |[ ] [ ] [ ] [ ]
| Bench work (may not apply) |[ ] [ ] [ ] [ ]
| Analytical skills |[ ] [ ] [ ] [ ]
| Work ethic |[ ] [ ] [ ] [ ]
| Lab/research meeting participation |[ ] [ ] [ ] [ ]
| Background knowledge |[ ] [ ] [ ] [ ]
| Notebook |[ ] [ ] [ ] [ ]
| Attendance (in the lab or otherwise) |[ ] [ ] [ ] [ ]
| Attitude and intellectual involvement |[ ] [ ] [ ] [ ]
| Grasp of new concepts/self-sufficiency |[ ] [ ] [ ] [ ]
| **Overall evaluation** |[ ] [ ] [ ] [ ]

Project Title/Description:

|  |
| --- |
| Enter text. |

Faculty evaluation of student’s strengths and weaknesses:

*Comment on the student’s strengths and weaknesses. In addition, comment on the quality of the student’s written report (if one was required):*

|  |
| --- |
| Enter text. |

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| I have *HONESTLY* discussed with the student his/her performance during this rotation and provided constructive criticism. | Choose an item. |

Instructions for Evaluation Submission to the Graduate Education and Postdoctoral Affairs Office

The Lab Mentor completes the evaluation and emails the final document to the Graduate Program Coordinator and the Graduate Program Director by the appropriate due date below. The Graduate Program Coordinator will forward the document via email to:

* SMDGradEval@urmc.rochester.edu
* Student

Upon receipt of the email, the Graduate Education and Postdoctoral Affairs office assumes that this is the final evaluation and that all pertinent parties are in agreement. Thus, the email represents each party’s signature and will be kept with the evaluation in the student file.

The form is due to the Graduate Education and Postdoctoral Affairs office on one of the following dates:

|  |  |  |
| --- | --- | --- |
| **Rotation Begins** | **Rotation Ends** | **Evaluation DUE** |
| October 1 | December 15 | December 20 |
| January 1 | March 15 | April 1 |
| March 16 | May 31 | June 15 |
| July 1 | August 31 | September 15 |