

TPCB Rotation Evaluation Form for Faculty Members



Please evaluate the performance of the TPCB student during the rotation in your lab. Please submit this completed form to Margie Mendoza at mah2036@med.cornell.edu within one week of the completion of the rotation period. Thank you!

Student: _____ Rotation Start: _____ End: _____

Faculty: _____ Institution: _____ Date Submitted: _____

Please rate the student on the following criteria:	Poor	Acceptable	Good	Excellent
Laboratory skills				
Understanding of rationale for experiments				
Ability to apply knowledge				
Ability to reason critically				
Ability to function independently				
Motivation				
Creativity				
Responsibility & maturity				
Relationships with laboratory personnel				
Potential for career in biomedical research				
Overall Evaluation				

continued on next page

Rotation project title:

Brief description of rotation project:

Detailed comments regarding student's performance:

Faculty Signature: _____ Date: _____

Faculty Name: _____