

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 Anna Rejno at anr4028@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				

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Rotation project title:

Brief description of rotation project:

Detailed comments regarding student's performance:

Grade the Rotation (Pass/Fail) _____

Faculty Signature: _____

Date: _____

Faculty Name: _____